



The 2019-2029 Canadian Strategy for Cancer Control (the Strategy) is a 10-year road map to improve the quality and outcomes of cancer care for all people in Canada.

This document is a companion to the Strategy's **Priorities specific to First Nations, Inuit and Métis**. It highlights **data and evidence** relevant to the priorities and identifies where action on cancer control could have the greatest impact across Canada. It is important to note that the data presented here are at the national level and differences exist among First Nations, Inuit and Métis living in different regions of Canada.

As steward of the Strategy, the Canadian Partnership Against Cancer (the Partnership) is responsible for monitoring and reporting on progress that has been made toward achieving the Strategy's goals. The Partnership is working with partners across the country to develop a set of indicators for measuring progress toward the Strategy's goals and associated targets. They will be used to report to Canadians starting in the fall of 2020.



For more information about the Canadian Strategy for Cancer Control, visit partnershipagainstcancer.ca/cancer-strategy

Priorities specific to First Nations, Inuit and Métis

In order to advance reconciliation and achieve health equity for First Nations, Inuit and Métis, all levels of government, health care organizations and providers need to work side-by-side with First Nations, Inuit and Métis Peoples and partners to support action on three Peoples-specific, self-determined priorities:

PRIORITY 1:

Culturally appropriate care closer to home.

PRIORITY 2:

Peoples-specific, self-determined cancer care.

PRIORITY 3:

First Nations-, Inuit- and Métis-governed research and data systems.

These priorities were identified through an engagement approach co-created with First Nations, Inuit and Métis Elders, governments and Advisors; National Indigenous Organizations; and other partners, including knowledge holders, families, cancer survivors and community leaders. The approach was grounded in reconciliation and was both distinctions-based and Peoples-specific.

First Nations, Inuit and Métis are three distinct Indigenous populations in Canada, each with their own histories, cultures, languages and traditions. According to the 2016 Canadian Census, there are

970,000 +

people who self-identify as First Nations living in Canada



65,000 +

people self-identifying as Inuit, the majority of whom live in Inuit Nunangat, the Inuit homeland; and



587,000 +

self-identifying Métis who live predominantly in Ontario and Western Canada.¹⁻⁴



Promising and leading practices and models of care have been implemented across Canada to improve First Nations, Inuit and Métis access to culturally appropriate care closer to home. Examples include the following:

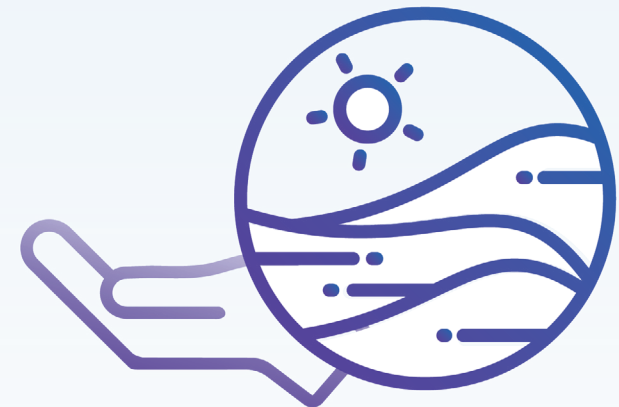


The First Nations Health Program through Yukon Hospital Corporation

provides culturally appropriate, holistic health care to First Nations. Care includes access to traditional healing practices, medicines and food, and access to support services. Liaison workers, First Nations mental health advocates and community liaison/discharge planners can advocate for, guide and support First Nations patients and families during their hospitalization.

Indigenous Navigators

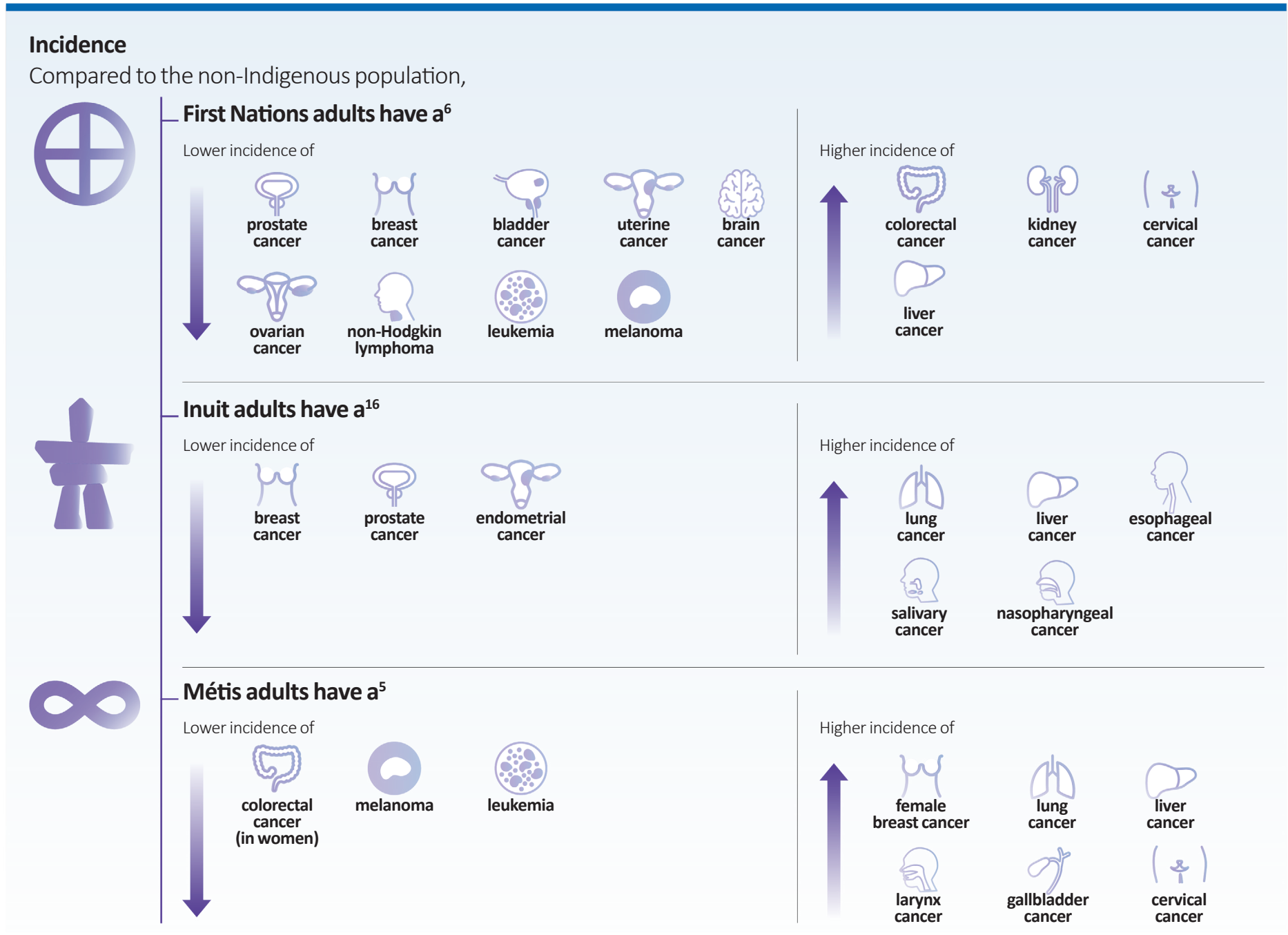
are available in some provinces and territories to support and advocate for First Nations, Inuit and Métis throughout their health care journey. The type of navigation supports that are available vary by jurisdiction but may include facilitation and coordination of access to health care services including traditional healing practices, and spiritual and cultural supports.



To continue advancing reconciliation and redress the legacy of colonial policies,

further effort and investment must be made to close the gaps in cancer care and outcomes between First Nations, Inuit and Métis and non-Indigenous people in Canada.

Cancer was once considered rare among First Nations, Inuit and Métis but, over the past several decades, incidence for some cancers has increased.



Health inequities are closely linked to Canada’s colonial history and broader determinants of health—which have put First Nations, Inuit and Métis at higher risk for poor health. Government policies, including residential schools and day schools established to assimilate First Nations, Inuit and Métis children into the dominant Canadian culture, resulted in physical, emotional and spiritual harms that have had a profound impact on the health and wellbeing of survivors and subsequent generations. This intergenerational trauma has led to inequities in social determinants of health such as poverty, unemployment, housing and food security, which in turn influences smoking rates, obesity as a result of food insecurity and alcohol consumption.

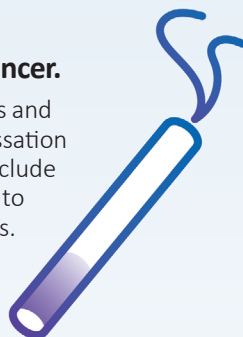
Smoking

Smoking is the leading preventable cause of cancer.

In response, many provinces and territories have smoking cessation programs, many of which include tools and resources specific to First Nations, Inuit and Métis.

For example, most **(10 of 13)**

provincial and territorial quitline services provide cultural competency training for staff and offer services in Indigenous languages.⁸



37% First Nations individuals living off-reserve

55% Inuit

32% Métis

report smoking daily or occasionally. The rate in the **non-Indigenous population is 17%.**

Data source: Statistics Canada, Canadian Community Health Survey (2015-16), Aboriginal Peoples Survey (2017)

Excess weight

Excess weight will become the second leading preventable cause of cancer in the next 20 years.

Food insecurity is a nationally recognized issue in many First Nations, Inuit and Métis communities, and often leads to higher rates of obesity due to a lack of access to affordable nutritious food. Traditional foods, which are healthy and nutrient-dense, remain important to the health and wellbeing of First Nations, Inuit and Métis. Consumption has declined in some communities, in part because of concerns of environmental contamination. In response, dietary changes often include the consumption of nutrient-poor and more costly store-bought foods.^{9,10}



46% First Nations individuals living off-reserve

28% Inuit

44% Métis

report being overweight. The rate in the **non-Indigenous population is 39%.**

Data source: Statistics Canada, Canadian Community Health Survey (2015-16), Aboriginal Peoples Survey (2017)

Alcohol consumption

Many First Nations, Inuit and Métis communities have implemented community-based programs and supports for mental wellness and addictions.

At the national level, Health Canada’s National Native Alcohol and Drug Abuse Program, and the Thunderbird Partnership Foundation support culturally appropriate community-based mental wellness and addictions treatment programs to some First Nations and Inuit communities. Heavy alcohol consumption increases the risk of several types of cancers.



24% First Nations individuals living off-reserve

24% Inuit

26% Métis

report heavy drinking—having **5 or more** drinks on one occasion, between once a month to more than once a week over the past year.¹¹ The rate in the **non-Indigenous population is 19%.**¹¹

About half of First Nations, Inuit and Métis adults report being in very good or excellent health

50% First Nations individuals living off-reserve

55% Inuit

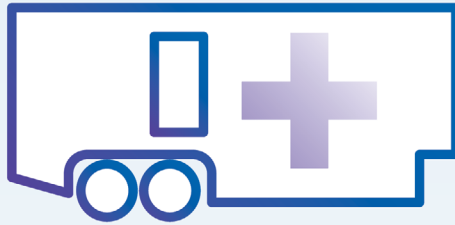
54% Métis

say their health is very good or excellent compared to 63% of the non-Indigenous population.¹

Access to high-quality, culturally safe health care is an essential element of health and wellbeing. Examples of self-determined programs and services include:

Cancer screening

Many provinces have mobile breast screening clinics that travel to rural and remote communities on a regular basis, which provide access for First Nations, Inuit and Métis women living in these areas.³



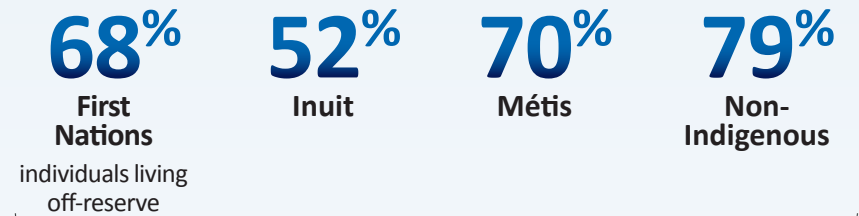
The available evidence, though limited, indicates that participation of First Nations, Inuit and Métis in cancer screening is lower than the non-Indigenous population.¹²

Barriers to cancer screening participation include a history of trauma or abuse; a lack of culturally relevant educational materials and expertise; and limited access to cancer screening services.¹³



Métis Nation British Columbia is partnering with the University of Northern British Columbia and researchers at BC Cancer on a pilot project

called CervixCheck. This innovative work allows Métis women residing in Northern British Columbia to self-collect a cervical screening sample in the comfort and privacy of their homes, and mail their sample to the lab for HPV testing after completion. Through this partnership and the strong community work completed by the Regional Health Coordinator for the North, Métis women who have historically been under-screened and under-served are now able to access screening services in their region through this pilot project. This not only loops Métis women back into the screening program at BC Cancer but it also allows women to screen in a more comfortable and culturally safe environment.



Percent of women aged 50-69 who report having had a **mammogram** in the past three years.

Data source: Statistics Canada, Canadian Community Health Survey (2017), Aboriginal Peoples Survey (2017)

The disparities are not as wide in cervical cancer screening—69% of First Nations and Métis, and 66% of Inuit women aged 25-69 report having had a Pap smear in the past three years compared to 74% in the non-Indigenous population.



Data source: Statistics Canada, Canadian Community Health Survey (2017), Aboriginal Peoples Survey (2017)

Health care services

To increase access to health care, some provinces and territories have implemented telehealth services.



Notable examples include MBTelehealth, which provides telehealth services to 26 First Nations communities in Manitoba, and BC Cancer, which provides telehealth services through linkages with Community Oncology Network Clinics and Health Centres operated by the First Nations Health Authority.²

In terms of access to health care services,

1 in 7 & **1 in 7** & **1 in 8**

First Nations
individuals living
off-reserve

Inuit

Métis



report having needed health care in the past year but **not getting it**. Frequently reported barriers include long wait times, a lack of health care available in the area or when required, cost of care and a belief that the care provided would be inadequate.¹⁷

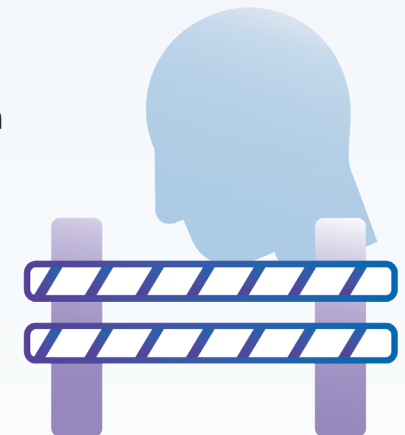
For First Nations people living on reserve, the most frequently reported barriers to accessing health care are long wait lists and a lack of available doctors or nurses.¹⁴

Health care in Inuit Nunangat is generally delivered through community health centres primarily staffed by Community Health Nurses and Nurse Practitioners. Inuit must fly to southern centres for medical emergencies, hospitalization, appointments with medical specialists, diagnosis and treatments.⁴



Jurisdictional barriers create added complexities for First Nations, Inuit and Métis when attempting to access care.

The fiduciary responsibility for health care is federal or provincial, or a combination of both, depending on a person's identity as First Nations, Inuit or Métis, where they live and their status under the Indian Act. Conflicts between federal, provincial and territorial governments over responsibility for care can impact access to cancer care for First Nations, Inuit and Métis patients.¹³

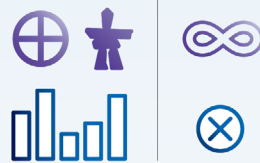


Good-quality, comprehensive health data specific to First Nations, Inuit and Métis are needed to better understand First Nations, Inuit and Métis experiences, trends and disparities in cancer care.

Because the majority of existing health databases, including cancer registries, do not contain First Nations, Inuit or Métis identifiers, there is a lack of information specific to First Nations, Inuit and Métis.

Unlike First Nations and Inuit, Métis do not have access to health services provided by Health Canada’s First Nations and Inuit Health Branch.

As such, data collected via federal programs lack Métis-specific data. Métis Nation British Columbia and Métis Nation Saskatchewan are working with BC Cancer and the Saskatchewan Cancer Agency, respectively, to establish linkages between the provincial cancer registry and the Métis Citizenship Registry. These linkages will provide cancer data specific to Métis in British Columbia and Saskatchewan with the opportunity to scale and spread to other jurisdictions.



National surveys such as the Canadian Community Health Survey and Aboriginal Peoples Survey provide important information that can be used to improve the health and wellbeing of First Nations, Inuit and Métis. But these surveys exclude the on-reserve population and may not have enough responses from First Nations, Inuit or Métis to determine health trends below the national or provincial level.



Some regional surveys, such as the First Nations Regional Health Survey, Inuit Health Survey and other data initiatives have been implemented by First Nations, Inuit and Métis organizations and governments to fill the information gap, in an effort to gather information needed to improve the healthcare system and determinants of health for First Nations, Inuit and Métis.

In 2016, there were more than 50 leading and promising practices that have included First Nations, Inuit or Métis identifiers in health databases.¹⁵



These practices linked health databases, including cancer registries, to regional or provincial/territorial data sources with First Nations, Inuit or Métis identifiers, which has the potential to provide valuable information on the health and wellbeing of First Nations, Inuit and Métis.¹⁵

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