

Practice Guidance to Improve Cancer Screening Care for First Nations Families

**A Focus on Cultural Safety and
Tailored Resources**



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Acknowledgements & Introductions



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Tla'Amin First Nation



Dr. Unjali Malhotra



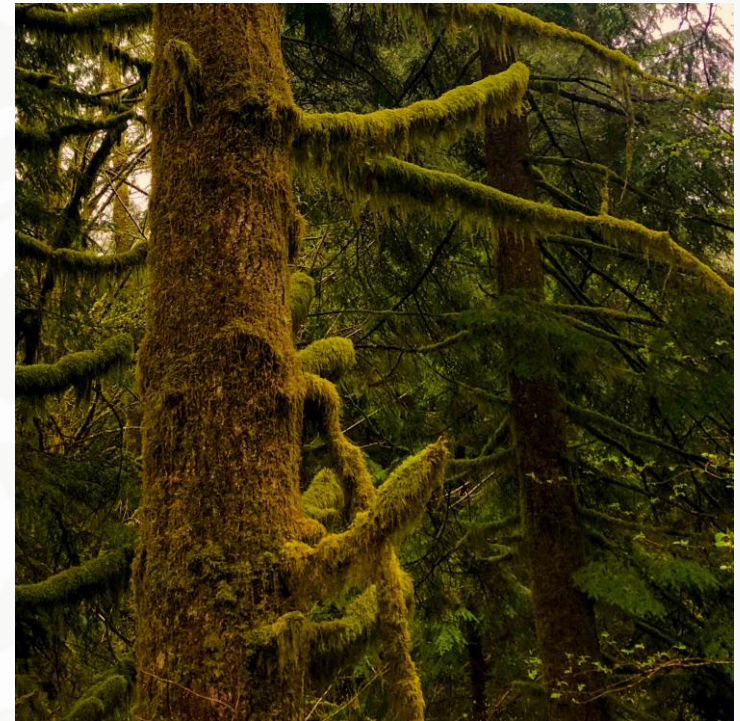
Webinar Objectives



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To Increase Awareness About:

- First Nations Cancer and Health Experience Trends in British Columbia (BC)
- Barriers to Accessing Screening Services
- Opportunities for Improved Safety in Care
- Cultural, Traditional and Spiritual Services
- Culturally Grounded Resources and Supports





Cancer Trends for First Nations in BC



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Inequitable rates of cervical and colon cancer

Lower survival rate across a number of cancers

Increasing lung cancer rate

Lower overall incidence compared to other residents

[Cancer Among First Nations People Living In BC](#)

[Cancer and First Nations Peoples in BC: A Community Resource](#)





Screening Trends in BC



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Screening Data
Linkage Work
Underway

Initial Findings
Show Inequities





Common Barriers to Screening Care



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Distance to Care

Lack of Primary Care

Limited Transport
(Urban or Rural)

Historical and Ongoing Discrimination (e.g. Forced sterilization)

Distrust or Fear of Health System

Previous Negative Health Care Experiences

Travel / Accommodation Costs

Limited knowledge of screening services

Fear of cancer diagnosis





Important Reading



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- [Sacred and Strong](#)
- [BC Cultural Safety and Humility Standard](#)





Health Attitudes and Beliefs Survey



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S C R E E N I N G

The most common reason given by Indigenous people for not getting cancer screening tests was

“feelings of fear or discomfort”





Safety Considerations Need for:



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- Trust Building & Relational Care
 - Time and space for introductions & general check ins
- Plain Language Information & Time for Questions
- Regular Check-ins About Patient Consent
- Patient Centered Decision Making
 - Information & options to support patient choice
- Culturally-Grounded Resources & Supports
 - Videos, print products, telephone lines, Indigenous providers
- Ongoing Provider Cultural Safety Training & Assessment





Safety Considerations Needs for:



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Cultural safety

When a community member feels safe and respected when receiving health information and care in an environment free of racism and discrimination.

Person-centered decision making

When a community member receives reliable health information, has the safety and space to ask questions and voice perspectives, and has their beliefs, priorities and decisions respected by their health providers.





Safety Considerations



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Practice Guidance – Example of Excellence





Cultural Safety Resources For Ongoing Learning



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[FNHA Cultural Safety Webpage](#)

[Cultural Safety and Humility and
Anti-Racism Resources](#)

[San'yas Indigenous Cultural Safety
Training](#)

[BCCDC – Cultural Safety Resources
for Care Providers](#)

[Trauma Informed Practice
Resources](#)





Safety Considerations Patient Options:



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Options for Patients to Feel Safer:

- Talking to an Elder, cultural support or navigator
- Bringing a friend to appointments
- Preparing with ceremony
- Breathing exercises
- Planning a celebration after appointments
- Asking for a witness
- Having time to ask questions/concerns
- Having the right to pause, stop or reconsider care
- Knowing their role and control as expert in own health





Cultural, Traditional and Spiritual Supports



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33%

REPORTED THAT
HEALTH CARE WORKERS
WERE "NEVER" OPEN
TO HEARING ABOUT
TRADITIONAL MEDICINE



30%

REPORTED THAT THEIR
CULTURAL TRADITIONS
WERE "NEVER"
APPRECIATED BY HEALTH
CARE WORKERS⁶¹

2020 | Indigenous Peoples' Survey





Cultural, Traditional and Spiritual Supports



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Priorities & practices vary by person and community

- Care from an Elder, Traditional Healer, Sacred Knowledge Keeper or other Spiritual Leader
- Support from a multi-faith care provider
- Cultural or spiritual ceremony and practice (e.g. smudge, brushing, water bath, sweat lodge, prayer, song or dance)
- Land and water-based traditional activities (e.g. being in nature, medicine harvesting)
- Traditional plant-based medicines (e.g. teas, salves, tinctures)





Cultural, Traditional and Spiritual Supports



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Practicing Culturally Safe Care

- Ask regularly if someone has cultural, traditional and spiritual wellness priorities or needs
- Document wholistic priorities in care plan
- Welcome patient to bring other providers to appointments
- Share culturally-grounded resources (e.g. print materials)





Cultural, Traditional and Spiritual Supports



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Practice Guidance – Example of Excellence





Cultural, Traditional and Spiritual Supports



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Wellness Resources

- Local Elders and Sacred Knowledge Keepers
- First Nations Health Facilities & Aboriginal Friendship Centres
- Tsow-Tun Le Lum. Toll-free: 1-888-590-3123
- Indian Residential School Survivors Society. Toll-free: 1-800-721-0066
- Indigenous End of Life Guides
- Traditional Wellness Coordinators and Specialists



FNHA Programs & Resources



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1-855-344-3800

**First Nations Virtual Doctor of
the Day Program**

1-844-935-1044 or

quality@fnha.ca

**FNHA's Quality Care & Safety
Office**

1-855-550-5454

**[FNHA's Health Benefits
Program](#)**



Indigenous Patient Navigators And Supports



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Indigenous Cancer Patient Navigators:
icc@bccancer.bc.ca

Health Authority Indigenous Patient
Navigators and Liaisons

FNHA Regional Team Wellness and/or Nurse
Navigators



Culturally Grounded Resources & Supports



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Wellness:

- [Wellness Daily Organizer](#)
- [Traditional Food Fact Sheets](#)

Mental Wellness:

- [1-800-588-8717](#): KUU-US 24/7 Indigenous Support Line
- [Mental Health and Cultural Supports](#)

Respecting Tobacco:

- [FNHA – Tobacco is Medicine Video](#)
- Talk Tobacco Support Line: 1 833 998-TALK (8255)
- [Culturally relevant quit tips](#)



Culturally Grounded Cancer Resources



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[FNHA Average Risk Screening Chart](#)

[Cancer Care Ontario Cancer 101 Whiteboard – YouTube](#)

[About Cancer \(bccancer.bc.ca\)](#)

[Cancer 101 Toolkit for First Nations, Métis and Inuit People](#)

[Cancer Screening Resources for First Nations, Métis and Inuit People](#)

[Advance Care Planning Resources](#)

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AVERAGE RISK SCREENING CHART

SCREENING TYPE	AGE -40	AGE -40 -49	AGE -50 -59	AGE -60 -69	ADDITIONAL NOTES AND RESOURCES
CANCER SCREENING					
Mammogram (to screen for breast cancer)	Speak to your health care provider.	Speak to health care provider about mammograms every two years.	Every two years.	Every two years until 74, at which time, speak to your health care provider.	<p>If you are age 40 to 49 without a family history of breast cancer: You are encouraged to talk to your doctor about the benefits and limitations of mammography. If screening mammography is chosen, it is available every two years. A doctor's referral is not needed but is recommended.</p> <p>Visit BC Cancer's website to learn more.</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p>
FIT testing (colon cancer screening)		Not routinely recommended in this age group. May be considered in some situations, discuss with a health care provider.	Every two years.	Every two years up to 74 years.	<p>Note: From age 50-74, colonoscopy is recommended every five years for people with at least one of the following:</p> <ul style="list-style-type: none"> One first degree relative (brother, father, sister, brother, daughter or son) with colon cancer diagnosed under the age of 60. Two or more first degree relatives with colon cancer diagnosed at any age, or A personal history of adenomas. <p>Visit BC Cancer's website to learn more.</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p>
Pap testing (to screen for cervical cancer)		Starting at 25, every three years.	Every three years.	Every three years up to 65.	<p>You should still screen regularly for cervical cancer if:</p> <ul style="list-style-type: none"> You've been through menopause. You've had only one sexual partner or have been with the same partner for a while. You've had the human papillomavirus (HPV) vaccine. You're in a same-sex relationship, or You're a transgender person with a cervix. <p>Visit BC Cancer's website to learn more.</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p> <p>www.bccancer.bc.ca/screening/average-risk/first-nations-metis-inuit-get-a-mammogram</p>
VACCINATIONS (THE FOLLOWING ARE NOT MANDATORY, BUT RECOMMENDED)					
HPV vaccine (to build immunity against cervical cancer)		Recommended for females and males in school-based program. Approved in Canada in females aged nine to 45. And in males nine to 26.		Speak to health care provider.	



FNHA Cancer Screening Campaign & Materials



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FNHA.ca/Cancer

- Launching soon
- Created in partnership with BC Cancer



Thank you!



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