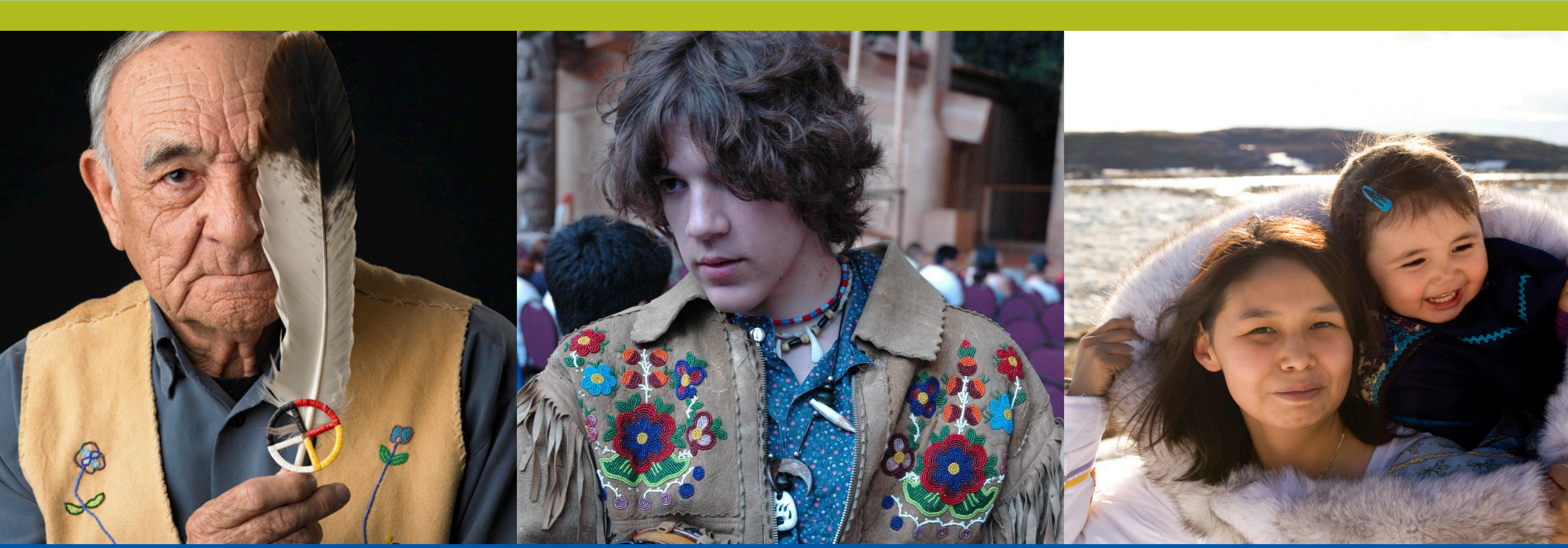


FIRST NATIONS, INUIT AND MÉTIS ACTION PLAN ON CANCER CONTROL

CANADIAN PARTNERSHIP
AGAINST CANCER

PARTENARIAT CANADIEN
CONTRE LE CANCER

June 2011

ACKNOWLEDGEMENT

This document was developed by the Canadian Partnership Against Cancer (Partnership) in collaboration with the Advisory Committee on First Nations, Inuit and Métis Cancer Control. We are indebted to the Advisory Committee for its guidance and involvement in the development of the *First Nations, Inuit and Métis Action Plan on Cancer Control.* The Advisory Committee included representatives from the following organizations and groups.

Assembly of First Nations
Inuit Tapiriit Kanatami
Métis National Council
First Nations, Inuit and Métis elders
First Nations, Inuit and Métis cancer patients
Public Health Agency of Canada
First Nations and Inuit Health Branch, Health Canada
Canadian Association of Provincial Cancer Agencies
Canadian Cancer Society
Heart and Stroke Foundation of Canada

The Partnership also gratefully acknowledges the support and encouragement received from many other stakeholders during the development of this Action Plan, in particular, the commitment and financial support from Health Canada that has enabled this work.

A MESSAGE FROM CHAIR DR. SIMON SUTCLIFFE AND CEO MS. JESSICA HILL OF THE CANADIAN PARTNERSHIP AGAINST CANCER

Two years ago, at our National Forum on First Nations, Inuit and Métis Cancer Control, participants delivered a very clear message to our organization in our work to advance Canada's cancer control strategy. To address the growing trend of cancer among First Nations, Inuit and Métis peoples, and effect sustainable and meaningful improvements in health outcomes among these communities, we needed an action plan that would be developed and guided by the communities themselves.

With that valuable counsel in mind, and acting as a catalyst for the work ahead, we started along the path towards a community-built and driven plan that respects the diversity and unique interests of First Nations, Inuit and Métis peoples.

The *First Nations, Inuit and Métis Action Plan on Cancer Control* that follows represents a tremendous collaborative effort by the many organizations and individuals dedicated to improving cancer control among Canada's First Peoples. Although addressing a variety of complex issues, the Plan is based on a fairly simple premise: to build on the innovative work underway among First Nations, Inuit, Métis and cancer control partners, no matter where the local base of that innovation, for more widespread impact. In short, to translate what is working well for the benefit of more communities.

Over the first year, the Plan will focus on gathering the information required to inform our long-term activities and, wherever possible, address the distinct cultural needs of each of Canada's First Peoples. Whether focused on documenting models of care in remote and rural communities, or working across sectors to explore ways of addressing the broader determinants of health, we are confident this work will significantly contribute to the knowledge and future dialogues of those engaged in First Nations, Inuit and Métis cancer control delivery.

We are grateful to the many partners who so generously shared their wisdom and their time towards the development of this Plan. In particular, a sincere thank you to our Advisory Committee, as well as the federal government, through funding from Health Canada, whose financial support has enabled our progress to date and will enable the work ahead. Going forward, the knowledge of our partners will continue to be the basis for our progress in this area.

Thank you for the opportunity to play a role in this important work. We look forward to keeping all of our stakeholders engaged as we move forward.

Simon Sutcliffe

Dr. Simon Sutcliffe
Chair

Jessica Hill

Jessica Hill
CEO

EXECUTIVE SUMMARY

The *First Nations, Inuit and Métis Action Plan on Cancer Control* is an initiative of the Canadian Partnership Against Cancer (Partnership), guided by an Advisory Committee consisting of First Nations, Inuit and Métis peoples, patients and organizations involved in cancer control and chronic disease prevention. The purpose of this document is to provide information about the strategic areas of focus and activities the Partnership will undertake collaboratively with its partners to improve cancer control for and with the First Nations, Inuit and Métis peoples of Canada.

The Action Plan outlined in the table that follows has been informed and directed by several sources. Those sources, and the evolution of the plan, were as follows.

* In 2007, funding was provided by the Public Health Agency of Canada to five National Aboriginal Organizations for the development of cancer control strategies and discussion documents. These were produced in 2007-08, including submissions from the Assembly of First Nations' regions;
* Key gaps in cancer control were identified at the Partnership-hosted National Forum on First Nations, Inuit and Métis Cancer Control (March 2009);
* Reviews of published documents and ongoing work were developed and shared by the Partnership for planning purposes (April 2010);
* Working from the list of key gaps identified at the Forum and informed by the reviews conducted by the Partnership, the Advisory Committee on First Nations, Inuit and Métis Cancer Control developed a list of 22 possible actions (May 2010);
* The list of possible actions was further narrowed based on the priorities of partner organizations and the ability of the Partnership, given its mandate, to best advance the work (July – August 2010);
* The resulting list of 11 possible actions was validated by partner organizations (September-October 2010), from which emerged four areas of strategic focus;
* Based on the four areas of strategic focus, a proposed list of seven actions was approved by the Partnership's Advisory Committee, First Nations, Inuit and Métis National Aboriginal Organizations' Caucus, and Board of Directors (December 2010 - January 2011).

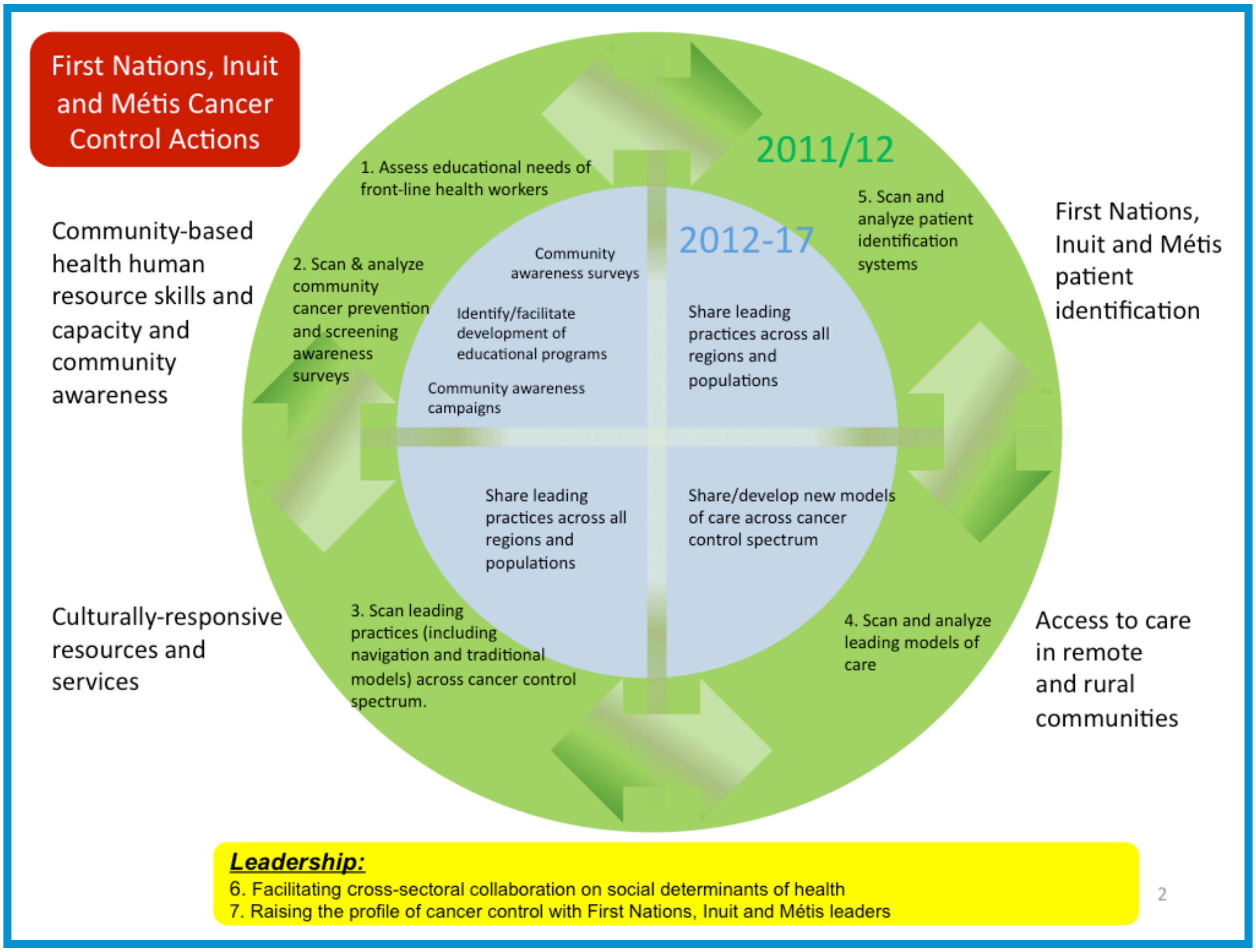
The four strategic areas of focus that emerged were:

1. Community-based health human resource skills and capacity, and community awareness
2. Culturally responsive resources and services
3. Access to programs and services in remote and rural communities
4. Patient identification systems

Underpinning these actions is a need for leadership across all sectors.

The diagram below captures the four areas of focus and their interdependencies. The scheme also envisions the path of progress in each area. The 2011-12 period will concentrate on building a base of knowledge and evidence which will be foundational for future work in these areas. The focus of the following five years will be on putting the new evidence into action and disseminating and facilitating the adoption of leading / promising practices to address identified priorities.

It should be noted that while this Action Plan was borne from cancer control, its focus goes beyond a cancer-specific approach. In the prevention domain in particular, the priorities for action cut across cancer and chronic diseases such as diabetes, heart and lung disease because of the many interrelated risk factors. As an independent pan-Canadian organization, the Partnership has been funded to work across federal, provincial and territorial jurisdictions to increase collaboration and reduce duplication, and therefore a significant portion of this Action Plan is dedicated to collaboratively working across diseases where appropriate.



The specific actions to be taken in 2011/2012 are listed in the table below in relation to the four areas of focus.

Areas of Focus	***Goal***	***2011/2012 Actions***
Community-based health human resource skills and capacity, and community awareness	Increase awareness of cancer at the community level by promoting the ability of individuals and health professionals to prevent and manage cancer (and prevent chronic disease) more effectively.	1. Conduct a baseline educational needs assessment of front-line health workers in Inuit communities to identify gaps in knowledge about cancer control, including cancer and chronic disease prevention.
		2. Environmental scan of existing health surveys of First Nations, Inuit and Métis populations that identify attitudes, values and behaviours regarding cancer and chronic disease prevention, and cancer screening.
Culturally responsive resources and services	Provide access to existing resources and education across the spectrum of cancer control.	3. Environmental scan of leading culturally responsive cancer control resources and services, including patient navigation.
Access to programs and services in remote and rural communities	Identify new models of care that could be adapted to rural and remote First Nations, Inuit and Métis communities.	4. Environmental scan of leading models of cancer care for remote and rural First Nations, Inuit and Métis communities (i.e., screening, treatment, follow up and palliative care).
Patient identification	Identify existing systems of patient identification specific to First Nations, Inuit and Métis ethnicity. Analyze the barriers to developing common standards for data collection, access and reporting (as a means to improve patient navigation).	5. Document existing systems of ethno-cultural patient identification for First Nations, Inuit and Métis populations. Analyze and identify leading practices.
Leadership	Focus attention on the determinants of health and the potential roles for leaders in all sectors. Create momentum for change and strengthen collaboration among sectors.	6. Facilitating cross-sectoral collaboration to maximize efforts in addressing social determinants of health in First Nations, Inuit and Métis populations.
		7. Raising the profile of cancer control with First Nations, Inuit and Métis national and regional leaders.

Implementation of the action plan in 2011/2012 will be carried out through a series of Requests for Proposals, with some activities led by the Partnership itself.

Plans for project evaluation, co-ordination, communications, and knowledge translation and dissemination are in place to keep partners and other identified stakeholders up to date on action plan implementation and other investments in First Nations, Inuit and Métis cancer control.

Skeetchestn, British Columbia

CONTENTS

I. INTRODUCTION

The *First Nations, Inuit and Métis Action Plan on Cancer Control* is an initiative of the Canadian Partnership Against Cancer, guided by an advisory committee consisting of Canada's First Nations, Inuit and Métis peoples, patients and organizations involved in cancer control and chronic disease prevention. (Appendix 4 includes a list of contributing organizations.)

The Canadian Partnership Against Cancer is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. We are bringing together cancer survivors, patients and families, cancer experts and government representatives to implement the first pan-Canadian cancer control strategy. Our vision is to be a driving force to achieve a focused approach that will help prevent cancer, enhance the quality of life of those affected by cancer, lessen the likelihood of dying from cancer, and increase the efficiency of cancer control in Canada.

It should be noted that the prevention and end-of-life/palliative care domains of the cancer control strategy are not unique to cancer. By working together in the cancer control community and by combining forces with other chronic disease partners in both the prevention and the end-of-life domains, there is much we can do to benefit all Canadians.

Within the *First Nations, Inuit and Métis Action Plan on Cancer Control*, the focus is on those areas of greatest need and where the Partnership is best positioned to advance the work, including where collaborations with chronic disease partners can be leveraged.

A. Purpose

The purpose of this document is to provide information about the strategic actions the Canadian Partnership Against Cancer will undertake collaboratively with its partners—cancer control and chronic disease organizations and First Nations, Inuit and Métis communities and organizations—to improve cancer control for the First Peoples of Canada.

The rising prevalence of chronic diseases, including cancer, among First Nations, Inuit and Métis peoples is thought to be part of a shift in disease patterns away from infectious diseases toward chronic conditions that has taken place over the past several decades[1]. While cancer was reported as being relatively uncommon two generations ago, rates of common cancers have increased in the past few decades, and in some First Nations, Inuit and Métis populations, are now at or above the incidence in the general Canadian population. The troubling statistics related to rising cancer rates, predisposing health determinants and risk factors among Canada's First Peoples are well documented. Readers seeking background information on these topics will find a brief summary of health and demographic trends in Appendix 1, and a review of the peer-reviewed and cancer-related "grey literature", compiled by the Partnership for planning purposes, accessible

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[1] Young, T.K. 1994. *The Health of Native Americans: Towards a Biocultural Epidemiology*. New York: Oxford University Press.

on Cancer View Canada. Grey literature refers to publicly available documents that are outside the peer-reviewed academic literature.

Wherever possible, the word “Aboriginal” is avoided in the action plan in favour of the more appropriate terminology of “First Nations, Inuit and Métis.” In cases where its use could not be avoided, the word “Aboriginal” is used as a collective term meaning the three peoples. However, where “Aboriginal” is part of a formal title (of an organization or document, for example), it is reproduced as such.

B. Background

The *First Nations, Inuit and Métis (FN/I/M) Action Plan on Cancer Control* evolved from a series of events, as outlined below.

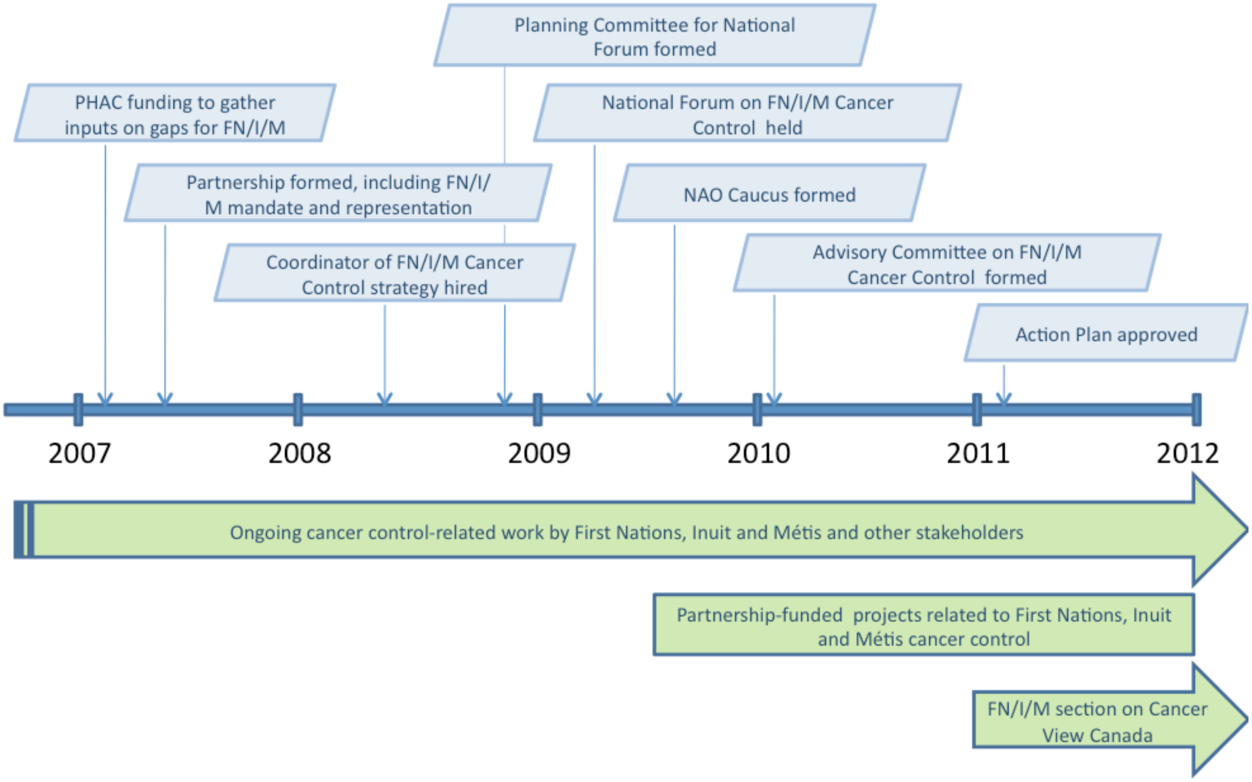

Figure 1. Partnership activities related to First Nations, Inuit and Métis cancer control

History of First Nations, Inuit and Métis involvement

First Nations, Inuit and Métis organizations have been involved in several steps leading to the development of the present action plan.

In 2007, just prior to the formation of the Partnership, the Public Health Agency of Canada provided funding to five national Aboriginal organizations (the Assembly of First Nations, Inuit Tapiriit Kanatami, the Métis National Council, the Native Women’s Association of

Canada, and the Congress of Aboriginal Peoples) for the development of cancer control strategies and discussion documents. When the Partnership began operations, feedback received through this process was used to inform the Partnership's planning in this area.

The Partnership has, since its inception in 2007, included a focus on First Nations, Inuit and Métis populations. A member who is First Nations, Inuit or Métis sits on the board. In 2008, the Partnership established a dedicated staff position to facilitate the development of a First Nations, Inuit and Métis cancer strategy. In 2009, the Partnership developed a caucus forum to ensure the priorities of the national Aboriginal organizations are reflected at the governance and operational levels of the organization.

In addition, First Nations, Inuit and Métis organizations have independently initiated dialogues within their own communities, and these have fed into the Partnership's strategy development. For example, in 2008, Inuit Tapiriit Kanatami developed a discussion paper on Inuit and cancer and an accompanying Fact Sheet. In March 2009, the First Nations of Quebec and Labrador Health and Social Services Commission held a forum entitled "*Ensemble, luttons contre le cancer*" ("Together, let's fight against cancer"). Other stakeholders across Canada have also been working on initiatives to improve cancer control among First Nations, Inuit and Métis. These include cancer agencies, governments, health charities and researchers. Appendix 3 provides a detailed list of known initiatives.

In 2009, the Partnership brought together, for the first time, representatives from all stakeholder groups in a National Forum on First Nations, Inuit and Métis Cancer Control to seek input to inform its future directions. At this meeting, 65 representatives from First Nations, Inuit and Métis organizations, governments, health charities and academia worked together to identify key gaps in cancer prevention, screening, management, research and surveillance. Meeting participants used as a basis the information provided by First Nations, Inuit and Métis organizations on the issues faced by their communities. A report from the meeting is available on the Cancer View Canada web portal.[2]

One of the key recommendations from the national forum was that the Partnership spearhead the development of an action plan to improve cancer control among First Nations, Inuit and Métis peoples, guided by an advisory committee with representation from the cancer control and First Nations, Inuit and Métis communities. The Advisory Committee on First Nations, Inuit and Métis Cancer Control was established in 2009 with a mandate to develop an action plan.

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[2] http://www.cancerview.ca/portal/server.pt/community/first_nations%2C_inuit___m%C3%A9tis/484

In parallel with the development of the action plan, the Partnership has been active on several key collaborative initiatives that have the support of First Nations, Inuit and Métis partner organizations. These initiatives are described in detail in Section IV.

Cancer View Canada, the Partnership's web portal for cancer information, was designed to include First Nations, Inuit and Métis pages and is an important part of the knowledge dissemination component of the action plan. The Advisory Network on the First Nations, Inuit and Métis Portal Pages provides direction for the development and content population of this section of the Cancer View Canada portal.

The *First Nations, Inuit and Métis Action Plan on Cancer Control* builds on all of this work. The action planning process validated the gaps identified by the national forum participants and identified actions the Partnership can take, in collaboration with its partners and reinforcing existing initiatives, to address these challenges.

Advisory Committee on First Nations, Inuit and Métis Cancer Control

The action plan was developed in close consultation with an advisory committee that consists of appointed members from the following organizations and groups:

- Assembly of First Nations
- Inuit Tapiriit Kanatami
- Métis National Council
- First Nations, Inuit and Métis elders
- First Nations, Inuit and Métis cancer patients
- Public Health Agency of Canada
- First Nations and Inuit Health Branch, Health Canada
- Canadian Association of Provincial Cancer Agencies
- Canadian Cancer Society
- Heart and Stroke Foundation of Canada.

The *First Nations, Inuit and Métis Action Plan on Cancer Control* examines gaps and develops actions across key areas of cancer control:

- Primary prevention (including the prevention of cancer and chronic diseases with shared risk factors)
- Screening
- Cancer journey
- Health human resources
- Research and surveillance.

Wherever possible, the recommended actions build on existing successful initiatives and are tied to measurable outcomes. Implementation of the action plan respects the ethical and research guidelines established by national and regional First Nations, Inuit and Métis organizations.

II. THE MULTI-JURISDICTIONAL ENVIRONMENT OF CANCER CONTROL

Cancer control in First Nations, Inuit and Métis populations is more complex than in the general Canadian population because of the multi-jurisdictional environment of health services. The federal government plays a greater role in the delivery of health services and the provision of extended health benefits for some First Peoples of Canada. In addition, certain regions have specific health care structures that involve First Nations or Inuit governments, provincial/ territorial and federal authorities.

A. Jurisdictional responsibilities for health-care services delivery

The table that follows maps out, in broad terms, the divisions of responsibility for cancer control and chronic disease prevention among the various types of health-care structures that serve First Nations, Inuit and Métis populations.

In this table, primary care refers to community-based health services including awareness of cancer and chronic diseases, health promotion, routine screening for cancer, follow up by family physicians, and palliative care provided in the community. Specialized cancer care refers to diagnosis, patient navigation, treatment, follow up, and palliative care provided by cancer centres or hospitals. Extended Health Benefits refers to government-sponsored programs that cover the costs of items such as prescription drugs, medical supplies and medical travel.

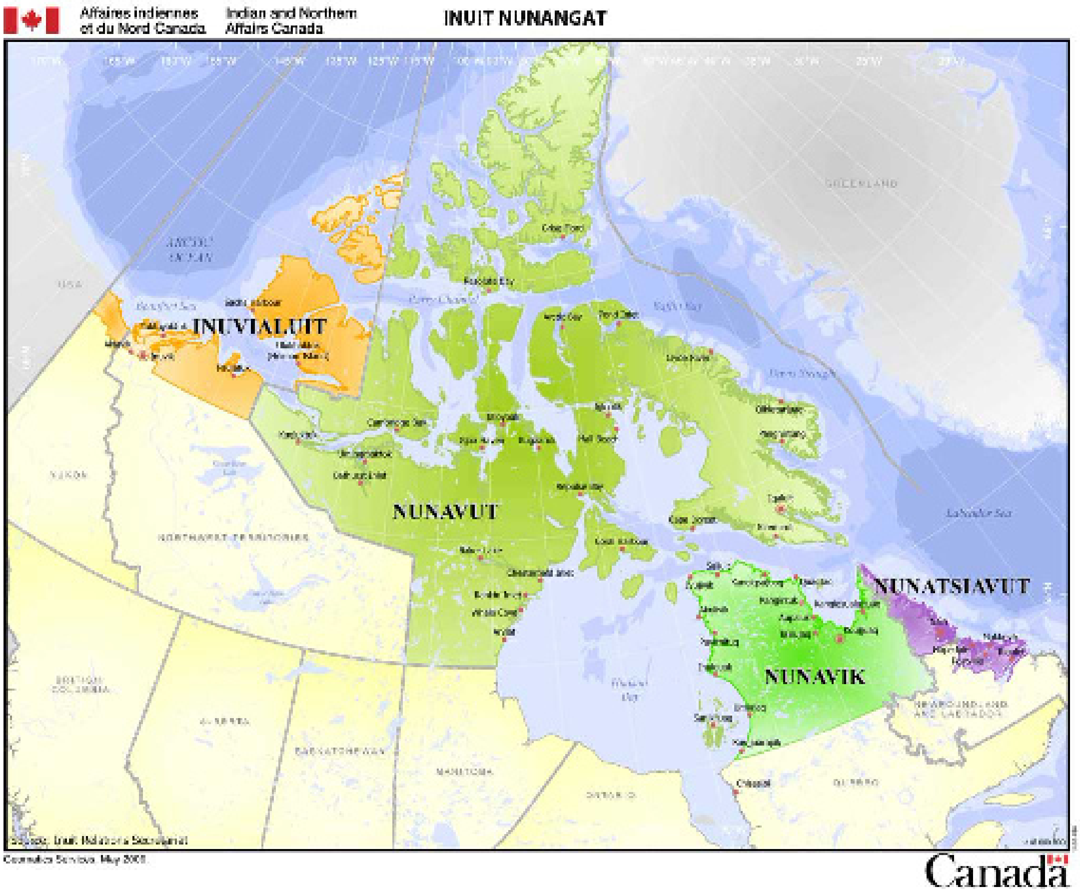
Increasingly, First Nations and Inuit are taking greater control over health-care services in their communities. Various types of agreements have been negotiated between First Nations tribal councils or Inuit land claims governments and the federal and provincial/territorial governments through which health-care services are provided, in whole or in part, by the local First Nations, Inuit and Métis government.

As the table below illustrates, a total of 14 jurisdictions, plus private health insurers, provide cancer control and chronic disease prevention services to First Nations, Inuit and Métis populations. Responsibility for providing services and what is included on the list of insured services varies by the individual’s legal status and place of residence.

Iqaluit, Nunavut

Jurisdictional responsibility for cancer control services				
People	**Group**	**Primary Care**	*Responsibility for Cancer Control Services*	
			Specialized Cancer Care	**Extended Health Benefits**
General Canadian population	General population	Province/ Territory	Provincial cancer agency or hospital	Province/territory or private insurance
First Nations	Status, on-reserve	First Nations and Inuit Health Branch (Health Canada) or Tribal Council	Provincial cancer agency or hospital	Non-Insured Health Benefits
	Status, off-reserve	Province/ Territory	Provincial cancer agency or hospital	Non-Insured Health Benefits
	Non-status	Province/ Territory	Provincial cancer agency or hospital	Province/territory or private insurance
Inuit	Nunatsiavut	Province (Newfoundland and Labrador)	Provincial cancer hospital	Non-Insured Health Benefits
	Nunavut	Nunavut government	Provincial cancer agency or hospital	Non-Insured Health Benefits
	Nunavik (tripartite)	Nunavik Health Region (Quebec)	Provincial cancer hospital	Non-Insured Health Benefits
	Inuvialuit	Territory (Northwest Territories)	Provincial cancer hospital	Non-Insured Health Benefits
Métis	Métis	Province/ Territory	Provincial cancer agency or hospital	Province/territory or private insurance. Northwest Territories is the only jurisdiction that provides benefits to all Métis

Further to the above table, it should be noted that none of the cancer centres in Canada is in Nunavut Territory or in any of the Inuit Land Claim areas. While innovative programs providing chemotherapy closer to home or employing telehealth are beginning to emerge for the Inuit, to date broad application of these models has not occurred. A map has been included to help the reader visualize the far distances Inuit have to travel to receive cancer care.



Source: Inuit Relations Secretariat
Geomatics Services, May 2008

B. Jurisdictional responsibilities for research and surveillance

Research and surveillance are also shared responsibilities between federal and provincial/ territorial levels of government.

Surveillance of cancer incidence and mortality is the responsibility of provincial and territorial cancer registries, which collect data that are included in a national database. However, the registries do not generally contain ethnic identifiers and, as a result, it is very difficult to conduct cancer surveillance specific to First Nations, Inuit and Métis populations.

Research concerning cancer in First Nations, Inuit and Métis peoples is funded through the usual sources: governments, universities, hospitals, health charities and private foundations and corporations.

A major distinction is the presence of the Institute of Aboriginal Peoples' Health—one of the 13 federally funded Canadian Institutes of Health Research. The Institute of Aboriginal Peoples' Health includes a network of nine research centres based in locations across Canada: the Network Environment for Aboriginal Health Research. NEAHRs are partnerships between Canadian Institutes of Health Research, university-based researchers and First Nations, Inuit and Métis communities and organizations. They conduct research on issues important to the participating communities and train graduate students who will go on to become Aboriginal health researchers. Each NEAHR has a specific and distinct focus.

Although none of the NEAHRs is specifically dedicated to cancer, several have research interests in related areas, such as prevention of cancer and chronic diseases; indigenous knowledge and traditional medicine; population health; environmental health; and health services delivery.

C. Impact of jurisdictional issues on cancer control

Participants attending the National Forum on First Nations, Inuit and Métis Cancer Control pointed to several categories of issues created by jurisdictional fragmentation. They include:

- Challenges in co-ordination of health services and follow up between provincial cancer centres and community-based primary care providers.
    - Example: In remote communities where there is a shortage of family physicians, when a patient is transferred from a cancer centre back to the community, records are often not received by a physician, and the recommended follow up care is therefore not always provided.
- Challenges in access to primary health care provided by the federal government.
    - Example: Remote First Nations communities are generally staffed by nurses and consequently, residents have less access to a physician.
- Not all constitutionally recognized Aboriginal persons (i.e., First Nations, Inuit and Métis) are covered by the Non-Insured Health Benefits (NIHB) program.
    - Example: Métis and non-status First Nations are not eligible for NIHB coverage for prescription drugs, medical supplies or medical travel.
- Policies on coverage for medical travel expenses are generally not aligned with health- care policies and/or principles.
    - Example: Travel expenses are covered in many jurisdictions to attend cancer treatment, but not routine screening.

The National Forum also identified the need for cross-sectoral partnerships to improve cancer control, including First Nations, Inuit and Métis organizations, federal/provincial/territorial governments, cancer agencies, non-governmental organizations and cancer survivor groups.

III. KEY GAPS IN CANCER CONTROL FOR FIRST NATIONS, INUIT AND MÉTIS PEOPLES

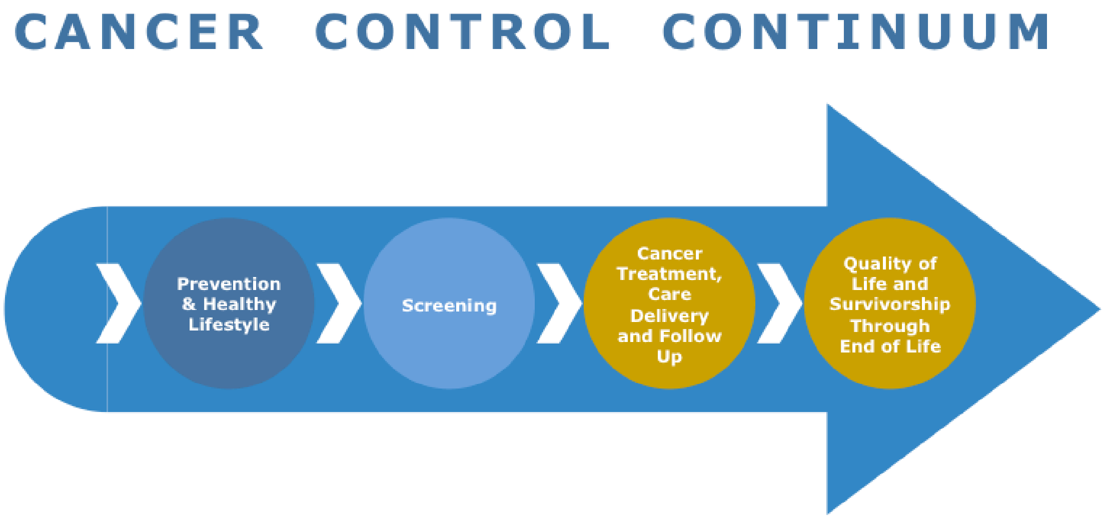
Vision

The *First Nations, Inuit and Métis Action Plan on Cancer Control* seeks to reduce the rates of cancer and improve the quality of cancer control among Canada's First Peoples by implementing activities within the Partnership's mandate—including working through partners to create and share new knowledge and convening stakeholders to discuss issues, plan and take action to address gaps. The ultimate goal of the action plan is to meet the distinct needs of First Nations, Inuit and Métis peoples by addressing priority cancer control gaps, including those related to cancer and chronic disease prevention, identified by each of the three peoples and by the health systems serving them.

Partnership priorities

The Partnership's priorities with respect to cancer control overall are illustrated in the diagram below. The prevention and end-of-life/palliative care domains of the continuum are not unique to cancer. By working together in the cancer control community and by combining forces with other chronic disease partners in both the prevention and the end-of-life domains, there is much we can do to benefit all Canadians.

Within the First Nations, Inuit and Métis Action Plan on Cancer Control, the focus is on those areas of greatest need and where the Partnership is best positioned to advance the work, including where collaborations with chronic disease partners can be leveraged.



Key gaps in First Nations, Inuit and Métis cancer control

As a foundation for the action plan, key gaps in First Nations, Inuit and Métis cancer control were identified and prioritized. These were viewed through the mandate of the Partnership, as described above. The process of identifying the gaps and defining the strategic areas of focus is as follows:

- In 2007, funding was provided by the Public Health Agency of Canada to five national Aboriginal organizations for the development of cancer control strategies and discussion documents. These were produced in 2007-2008, including submissions from the Assembly of First Nations' regions.
- Key gaps in cancer control were identified at the Partnership-hosted National Forum on First Nations, Inuit and Métis Cancer Control (March 2009).
- Reviews of published documents and ongoing work were developed and shared by the Partnership for planning purposes (April 2010).
- Working from the list of key gaps identified at the forum and informed by the reviews conducted by the Partnership, the Advisory Committee on First Nations, Inuit and Métis Cancer Control developed a list of 22 possible actions (May 2010).
- The list of possible actions was further narrowed based on the priorities of partner organizations and the ability of the Partnership, given its mandate, to best advance the work (July-August 2010).

- The resulting list of 11 possible actions was validated by partner organizations (September-October 2010), from which emerged four areas of strategic focus.
- Based on the four areas of strategic focus, a proposed list of seven actions was approved by the Partnership's advisory committee, First Nations, Inuit and Métis national Aboriginal organizations' caucus, and board (December 2010- January 2011).

The table below presents the key gaps identified by the National Forum on First Nations, Inuit and Métis Cancer Control.

Key gaps in cancer control
System Integration An overarching concern is the need for a system of cancer control that integrates all components of the health-care system and implements services in a way that is responsive to the practical and cultural needs of First Nations, Inuit and Métis populations.
Primary Prevention In general, there appears to be a lack of awareness about cancer and cancer risk factors within First Nations, Inuit and Métis communities. As well, a precursor to better cancer control and modification of associated behavioural risk factors (i.e., smoking, alcohol use, healthy eating and physical activity) is to address the socio-economic determinants of health (poverty, educational attainment, food insecurity, housing, environmental contamination, etc.).
Screening There is a need for organized cancer screening programs that are adapted to be relevant to cultural worldview, safety and practical needs of First Nations, Inuit and Métis populations, and that are systematically implemented.
Cancer Journey Culturally appropriate and community-relevant care is needed that integrates traditional practices and provides patient support.
Health Human Resources Workers are required across all aspects of cancer control continuum, and dedicated resources for cancer control are needed in the communities.
Research and Surveillance There is a lack of cancer control data specific to First Nations, Inuit and Métis populations.

Strategic areas of focus

The diagram below shows the strategic areas of focus within the action plan that emerged through the planning process. Because there are many overlaps and interconnections among the areas, the scheme shows the interfaces as interdependent. Underpinning the four areas is a need for leadership across all sectors.

These areas of focus form the foundations of the actions being undertaken in this plan, and are outlined in detail in Section V.

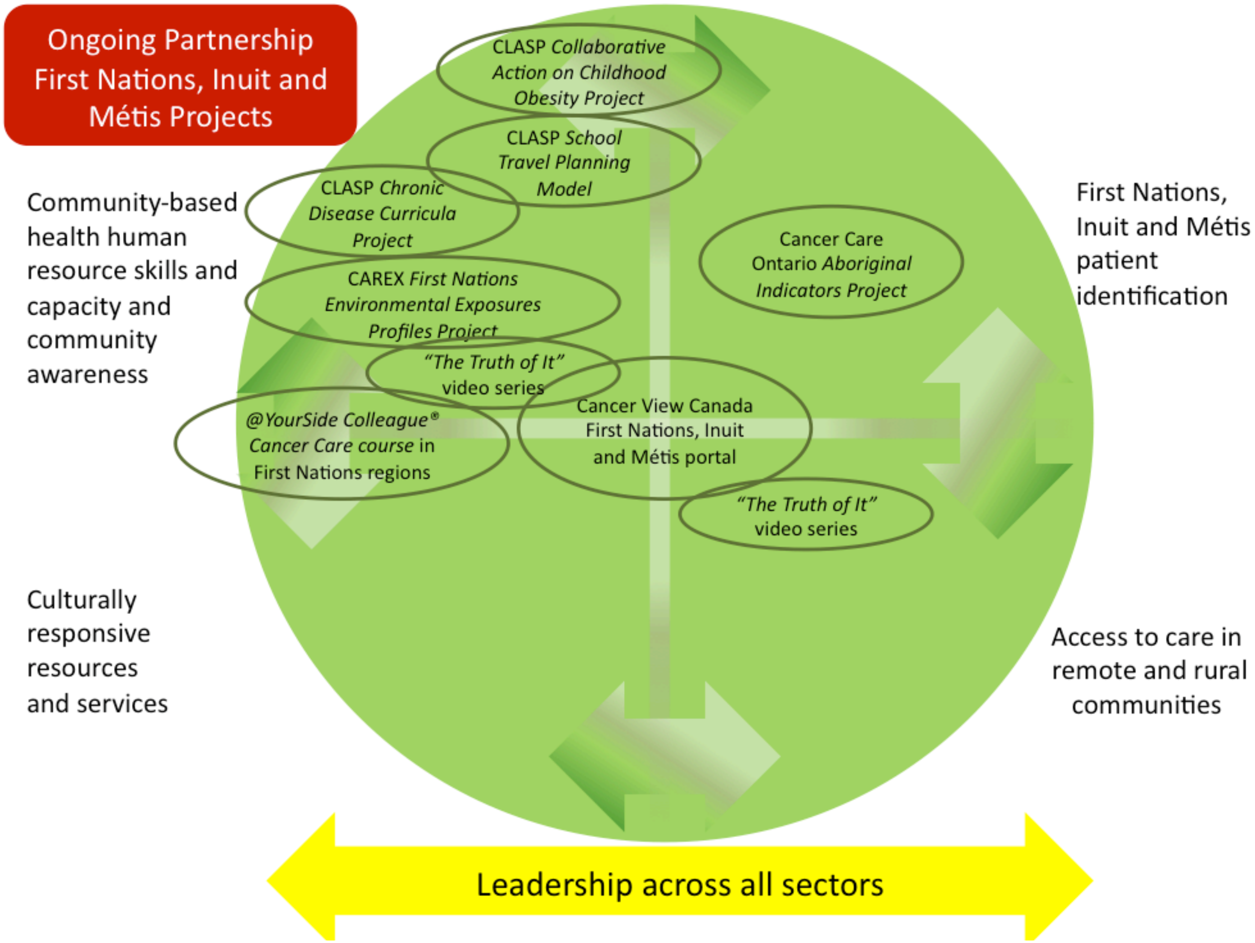
Additional materials for reference

For reference, the appendices contain background materials that informed the development of the action plan. Appendix 1 provides contextual background about cancer and the determinants of health. Appendix 2 lists examples of initiatives on First Nations, Inuit and Métis cancer control being conducted by others. Appendix 3 presents the gaps that were not ranked as priorities for this Partnership-led action plan, and which other organizations may wish to lead. Appendix 4 includes the list of contributors to the action plan.

IV. ONGOING INITIATIVES OF THE PARTNERSHIP

The Partnership has been involved with the following key initiatives that are being conducted in parallel with the *First Nations, Inuit and Métis Action Plan on Cancer Control*. More comprehensive information on initiatives can be found on the First Nations, Inuit and Métis portal of Cancer View Canada.[3]

These current initiatives align with the four areas of focus in the action plan, as shown in the following diagram.



A. @YourSide Colleague® Cancer Care course

@YourSide Colleague is a secure web-based learning and knowledge sharing program that reflects the latest evidence and leading practices and offers around-the-clock access to a virtual support network of peers and experts. @YourSide Colleague is built on collective wisdom and collaboration, enhancing the quality of care at a local level and reducing the sense of isolation health providers may experience in rural, remote and isolated communities. All of the First Nations courses are developed specifically with and for health-care providers working in First Nations communities.

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[3] http://www.cancerview.ca/portal/server.pt/community/first_nations%2C_inuit___m%C3%A9tis/484

The @YourSide Colleague First Nation Cancer Care Course is a joint initiative of Saint Elizabeth and the Canadian Partnership Against Cancer. The course allows community-based health-care providers to navigate through cancer topics at their own pace, 24 hours a day, seven days a week, without having to leave their communities. Along with opportunities to share and learn with colleagues, participants have access to both clinical and non-clinical specialists for ongoing support and education. The @YourSide Colleague Cancer Care Course currently reaches more than 270 First Nations communities and organizations and over 800 health-care providers across Canada and is provided at no charge to First Nations communities.

B. Data indicators pilot project

The Ministry of Health and Long-Term Care and Cancer Care Ontario have partnered on a pilot project that aims to enhance cancer data on First Nations, Inuit and Métis people in Ontario. A data collection tool and procedures were developed to capture First Nations, Inuit or Métis status, through a self-identification process, for cancer patients within two regional cancer centres in Ontario. The Partnership has provided funds to evaluate the impact and effectiveness of the tool and procedures developed within this pilot. Other provincial cancer agencies have expressed an interest in learning from this pilot, as cancer registries currently do not have this capacity. The evaluation is expected to be completed in spring 2011.

C. First Nations, Inuit and Métis portal section, Cancer View Canada

Cancer View Canada (www.cancerview.ca) is an online information hub and community that connects Canadians to services, information and resources about cancer control.

A key recommendation from the National Forum on First Nations, Inuit and Métis Cancer Control was the development of a clearinghouse of resources for cancer control that have been developed by and/or with First Nations, Inuit and Métis communities. A firm with previous experience working with First Nations, Inuit and Métis communities was hired to assist with the development and design of this section. An Advisory Network for the First Nations, Inuit and Métis section of the Cancer View Canada portal continues to provide direction for its development and content population. The portal was launched in November 2010.

Culturally appropriate resources collected on cancer control and chronic disease prevention continue to be gathered from agencies and organizations across the country. Work to augment the resources on this website is ongoing, guided by the advisory network.

An example of such a resource is the video series about cancer entitled The Truth of It. The Partnership joined forces with Dr. Michael Evans of the Li Ka Shing Knowledge Institute at St. Michael's Hospital to create an unscripted series of 41 in-person interviews with a diverse group of people from across the country who have experienced a cancer diagnosis[4]. The series initially included interviews with seven First Nations women, and subsequently two videos featuring Inuit cancer survivors were added. The series will be expanded to include Métis people in 2011.

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[4] http://www.cancerview.ca/aboriginal

D. CLASP initiatives

CLASP (Coalitions Linking Action & Science for Prevention) is a multi-year initiative of the Partnership, with additional support from the Public Health Agency of Canada and the Heart and Stroke Foundation, targeting cancer and chronic diseases. CLASP reaches beyond the cancer community by supporting coalitions of organizations that cross provincial and territorial boundaries to integrate cancer prevention with other chronic disease prevention strategies. Three CLASP initiatives include First Nations populations, with one of those committed to working in Nunavut.

- The Chronic Disease Curricula project of CLASP is specific to First Nations in Saskatchewan and Manitoba. The project entails curriculum development and common messaging among cancer control communities, First Nations organizations, educational facilities and health charities such as the Lung Association and Kidney Foundation, as well as the provincial governments of Saskatchewan and Manitoba, the Saskatchewan and Manitoba offices of First Nations and Inuit Health, the Federation of Saskatchewan Indian Nations and communities, and Manitoba First Nations (Saugeen First Nation, Dakota Ojibway Tribal Council and Manitoba Keewatinowi Okimakanak Tribal Council).

- The Collaborative Action on Childhood Obesity project is working with First Nations communities in Northern Ontario to assist in developing sustainable food strategies based on local traditional dietary practices.

- Children's Mobility, Health and Happiness: A Canadian School Travel Planning Model is focused on increasing the number of children doing daily physical activity by promoting the use of active, human-powered transportation to school (i.e., walking, bicycling, snowshoeing, cross-country skiing), and has partnered with a First Nations community in Manitoba. This CLASP also has a commitment to work in Nunavut.

In addition to these initiatives, the Partnership also hosts regular knowledge exchange meetings that bring funded coalitions to work together on cross-CLASP issues including evaluation, knowledge exchange, and sustainability. Two meetings were held in 2010: one at a historic First Nations site in Saskatchewan, and a second in Yellowknife.

E. CAREX Canada's First Nations Environmental Emissions Project

CAREX Canada, with core funding and support from the Partnership and an additional grant from the Canadian Institutes of Health Research, initiated this project in collaboration with the First Nations Environmental Health Innovation Network. One of the project outputs is a geographical tool that synthesizes existing environmental data to enable the development of indicators of environmental exposure for all First Nations communities in Canada. This will allow the identification of First Nations communities most vulnerable to environmental toxic exposure, thereby aiding in developing policy and practice related to reducing exposure risks. The other output will be an online mapping application.

V. THE FIRST NATIONS, INUIT AND MÉTIS ACTION PLAN ON CANCER CONTROL

Based on the gaps and strategic areas of focus identified in Section III, and building on the initiatives described in Section IV, a set of seven actions was recommended by the Advisory Committee on First Nations, Inuit and Métis Cancer Control to be undertaken by the Partnership. These are the fundamental components of the action plan. Other items, such as project evaluation, co-ordination, communications and knowledge translation are described in Section VI.

The scope of the action plan encompasses First Nations, Inuit and Métis individuals and populations regardless of their legal status or place of residence (urban, rural or remote). The term "communities" is used in this report to mean population centres of First Nations, Inuit and Métis, such as reserves, villages, urban locations or regions.

A. Guiding principles for the action plan

The following guiding principles are used in the development and execution of the action plan.

1. The Partnership is responsible for developing and advancing the action plan, in close collaboration with the national Aboriginal organizations (Assembly of First Nations, Inuit Tapiriit Kanatami and Métis National Council) and with the support of other organizations represented on the advisory committee (Public Health Agency of Canada, First Nations and Inuit Health Branch of Health Canada, Canadian Cancer Society, Canadian Association of Provincial Cancer Agencies, Heart and Stroke Foundation).
2. All actions contained in the plan are within the mandate of the Partnership (i.e., convening partners, investigating issues, gathering evidence and sharing information).
3. The strategic areas of focus should address the most significant gaps affecting cancer outcomes among First Nations, Inuit and Métis peoples, and where a pan-Canadian approach enabled through the Partnership can best advance the agenda.
4. Wherever possible, the strategic priorities should build on existing successful initiatives (i.e., leading or promising practices), reduce duplication of effort (i.e., work across organizations and disease to address shared risk factors), and take into account potential barriers as identified by the advisory committee.
5. Actions must be tied to measurable outcomes.

6. Knowledge resulting from the action plan must be presented in a way that is understandable, acceptable and accessible to all partners, including First Nations, Inuit and Métis peoples.
7. Undertakings involving First Nations, Inuit and Métis communities must abide by ethical or research guidelines required by the respective partner organization.

B. Process for developing recommended actions

From the four areas of strategic focus that emerged from the prioritization and validation processes (as outlined in Section III), a set of specific initiatives that could be undertaken by the Partnership was identified. The process was as follows:

- The list of 11 possible actions identified by the advisory committee were amalgamated and reframed as seven discrete initiatives covering the four strategic areas of focus.
- The resulting list of seven initiatives was approved by the Partnership's advisory committee, First Nations, Inuit and Métis national Aboriginal organizations' caucus, and by the Board of Directors of the Partnership (December 2010-January 2011).

C. The First Nations, Inuit and Métis Action Plan on Cancer Control

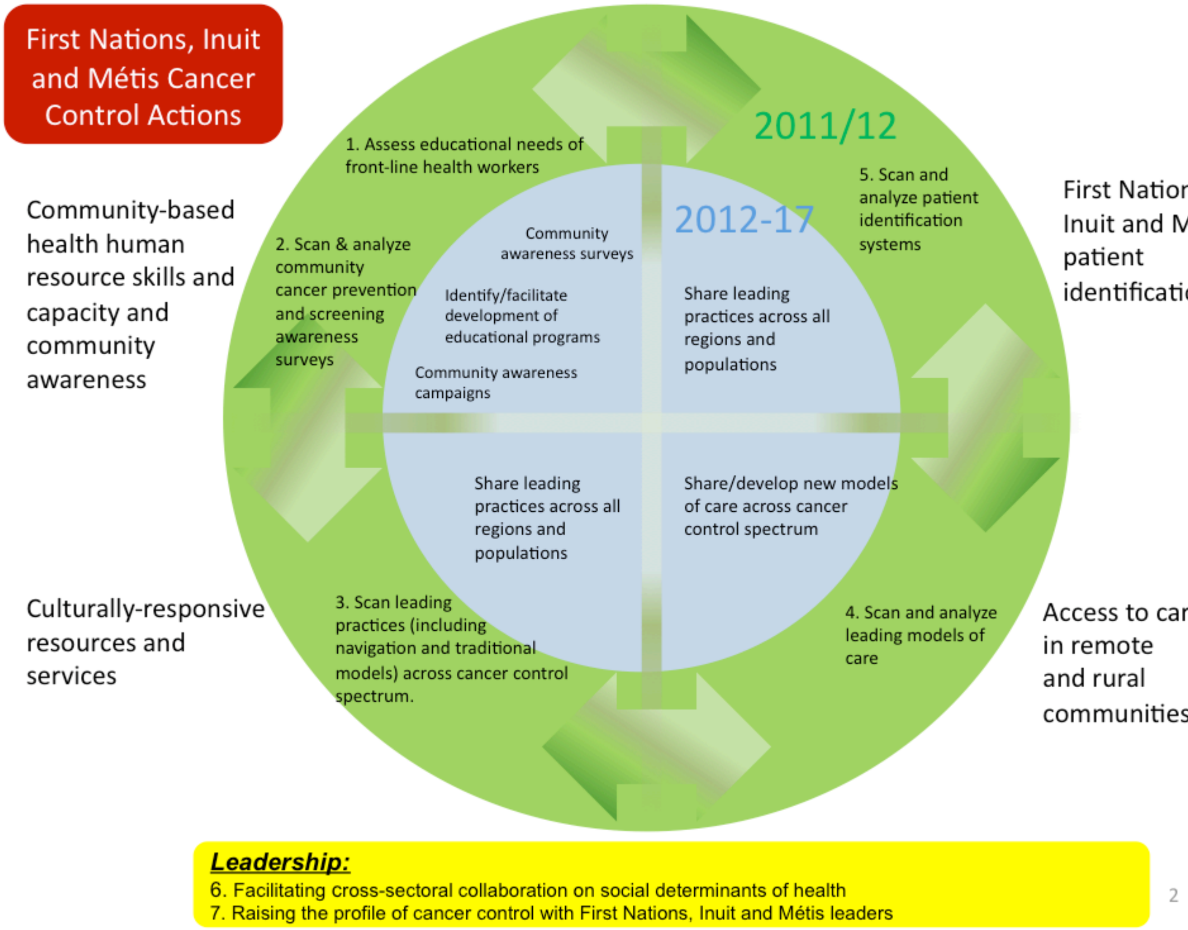
Action plan structure

The diagram below illustrates the structure or concept of the action plan. The four strategic areas of focus and underlying cross-sectoral leadership requirement are the fundamental components of the model. Specific initiatives (described in detail below) that form the basis of the action plan are balanced among the four quadrants.

The scheme illustrates the interdependencies between the strategic areas of focus and the initiatives themselves. Actions taken in one area will have an impact on others. For example, the identification of promising practices in cancer care in rural and remote communities may include an educational component that benefits community awareness. Systems of patient identification may enable improved, culturally responsive patient navigation models. For this reason, an important part of the implementation phase will be a series of knowledge exchange meetings in which the organizations working on the initiatives will co-ordinate their activities and where partners will have an opportunity to see the entire scope of the work in progress and help to shape its direction. (These activities are detailed in Section VI.)

The concentric circles in the diagram illustrate the progressive nature of the action plan.
The initial year, 2011/2012, is focused on gathering requisite information and setting the foundation for 2012-2017. The focus of future years will be on putting new evidence into action.

The diagram below also illustrates the fundamental role played by the leadership of First Nations, Inuit and Métis peoples, the cancer control system and stakeholders from other sectors. Leadership commitment will help not only to drive the success of the present work but also, and more importantly, will help to ensure that the work continues to progress over time until its benefits are realized by First Nations, Inuit and Métis individuals, families and communities.



The specific actions to be taken in 2011/2012 are listed in the table below in relation to the four areas of focus. The work accomplished by March 2012 will help to inform future actions by the Partnership and First Nations, Inuit and Métis communities and their respective jurisdictions at the policy and program levels.

Summary of actions in 2011/2012

Areas of Focus	Goal	2011/2012 Actions
Community-based health human resource skills and capacity, and community awareness	Increase awareness of cancer at the community level by promoting the ability of individuals and health professionals to prevent and manage cancer (and prevent chronic disease) more effectively.	1. Conduct a baseline educational needs assessment of front-line health workers in Inuit communities to identify gaps in knowledge about cancer control, including cancer and chronic disease prevention.
		2. Environmental scan of existing health surveys of First Nations, Inuit and Métis populations that identify attitudes, values and behaviours regarding cancer and chronic disease prevention, and cancer screening.
Culturally responsive resources and services	Provide access to existing resources and education across the spectrum of cancer control.	3. Environmental scan of leading culturally responsive cancer control resources and services, including patient navigation.
Access to programs and services in remote and rural communities	Identify new models of care that could be adapted to rural/remote First Nations, Inuit and Métis communities.	4. Environmental scan of leading models of cancer care for remote and rural First Nations, Inuit and Métis communities (i.e., screening, treatment, follow up and palliative care).
Patient identification	Identify existing systems of patient identification specific to First Nations, Inuit and Métis ethnicity. Analyze the barriers to developing common standards for data collection, access and reporting (as a means to improve patient navigation).	5. Document existing systems of ethno-cultural patient identification for First Nations, Inuit and Métis populations. Analyze and identify leading practices.

Areas of Focus	Goal	2011/2012 Actions
Leadership	Focus attention on the determinants of health and the potential roles for leaders in all sectors. Create momentum for change and strengthen collaboration among sectors.	6. Facilitating cross-sectoral collaboration to maximize efforts in addressing social determinants of health in First Nations, Inuit and Métis populations.
		7. Raising the profile of cancer control with First Nations, Inuit and Métis national and regional leaders.

Detailed actions

The following initiatives will be undertaken by the Partnership from April 2011 to March 2012 and will build a foundation for future work.

1. Conduct a baseline educational needs assessment of front-line health workers in Inuit communities to identify gaps in knowledge about cancer control, including cancer and chronic disease prevention.	
Scope of activity	The target audience for this work is: community and home care nurses, and other front-line health workers such as community health representatives, community diabetes workers, personal support workers and home care aides. Prevention of cancer and chronic diseases with shared risk factors includes: diabetes, cardiovascular diseases and chronic lung diseases.
Immediate impact	Enhanced understanding of educational needs of nurses and front-line health workers in Inuit communities.
Implementation	Beginning in 2011/2012.
2012-2017 strategic focus	Identify and facilitate the development of education programs to address recognized needs.
Longer-term impact	Community based, front-line health workers in Inuit communities will have access to current evidence and contextually relevant information on risk factors, screening and cancer management to incorporate into their community-based programs and services.

2. Environmental scan of existing health surveys of First Nations, Inuit and Métis populations that identify attitudes, values and behaviours regarding cancer and chronic disease prevention, and cancer screening.	
Scope of activity	Information sought includes: levels of awareness of cancer facts; knowledge of risk factors for cancer and chronic diseases; beliefs about cancer; traditional model to health; actions taken and not taken to prevent/screen for cancer and reasons; impact of social determinants of health on cancer- and chronic disease-related health behaviours. Information on the content and methodologies of the surveys will be documented and information gaps identified. Separate analyses will be conducted for First Nations, Inuit and Métis populations.
Immediate impact	Enhanced understanding of community attitudes, values and behaviours regarding prevention and screening to inform educational programming, and where further data may be required.
Implementation	Request for Proposal issued February 22, 2011. Completion by March 2012
2012-2017 strategic focus	Identify and facilitate the development of education programs to address identified needs.
Longer-term impact	Tailored prevention and early detection programs and materials developed that are responsive to the cultural values and behaviour patterns of defined population segments, such as age group or gender.

3. Environmental scan of leading culturally responsive cancer control resources and services, including patient navigation.	
Scope of activity	Includes promising practices from across the cancer control continuum (prevention, screening, early detection, diagnosis, patient navigation, treatment, survivorship and palliative care). Separate analyses will be completed for First Nations, Inuit and Métis. To be housed on Cancer View Canada.

Immediate impact	Reduction in duplication of effort across jurisdictions by sharing innovation and promising/leading practices to advance cancer control in a culturally respectful and safe manner.
Implementation	Request for Proposals issued February 22, 2011. Completion by March 2012.
2012-17 strategic focus	Share leading practices across all regions and populations to encourage adoption.
Longer-term impact	Enhanced engagement and participation by First Nations, Inuit and Métis communities in cancer control programs and services.

4. Environmental scan of leading models of cancer care for remote and rural First Nations, Inuit and Métis communities (i.e., screening, treatment, follow up and palliative care).	
Scope of activity	Description of the context of health-care delivery (geographic, demographic, political and jurisdictional factors) and documentation of cancer care pathways. Environmental scan and documentation of promising models of rural/remote cancer care, informed by leading practices in international jurisdictions. Separate analyses will be completed for First Nations, Inuit and Métis populations.
Immediate impact	Identification of promising cancer services and programs for First Nations, Inuit and Métis peoples residing in rural and remote community settings for potential application more broadly.
Implementation	Request for Proposals issued February 22, 2011. Completion by March 2012.
2012-2017 strategic focus	Share and facilitate the development of leading models across the cancer care spectrum for First Nations, Inuit and Métis peoples.
Longer-term impact	Improved access to cancer services and programs for First Nations, Inuit and Métis residing in rural and remote community settings, leading to improved quality of life and health outcomes.

5. Document existing systems of ethno-cultural patient identification for First Nations, Inuit and Métis populations. Analyze and identify leading practices.	
Scope of activity	Includes cancer registries and other areas of the health system where First Nations, Inuit, Métis and/or other ethnicity is recorded. Documentation of leading practices includes an analysis of barriers to developing acceptable systems of ethno-cultural identification, and of standards for data collection, access and analysis.
Immediate impact	Environmental scan and analysis of existing patient identification systems for First Nations, Inuit and Métis will help to inform the development of common identifier standards/population definitions.
Implementation	Request for Proposal issued February 22, 2011. Completion by March 2012.
2012-2017 strategic focus	Share gaps in cancer control-related data with relevant organizations (i.e., Public Health Agency of Canada and Statistics Canada) that may help facilitate solutions. Share leading practices across all regions to promote the use of common identifier standards/population definitions, which will further enable patients to benefit from culturally-responsive services available such as patient navigation models.
Longer-term impact	Improved ability to collect baseline data (i.e., incidence, care patterns and outcomes) and thus target services to areas of most need, leading to improved integrative and supportive care. Provides leaders with evidence to advocate for improvements in cancer control.

6. Facilitating cross-sectoral collaboration to maximize efforts in addressing social determinants of health in First Nations, Inuit and Métis populations.	
Scope of activity	Includes leaders from First Nations, Inuit and Métis organizations, the Partnership, cancer control organizations, other health areas and government departments at all levels who are responsible for health and areas related to the modifiable determinants of health, such as housing, education, agriculture, social services, finance and the environment. May be informed by international examples of leading evidence-based practices.
Immediate impact	Increased strategic actions across jurisdictions to improve wellness of Canada's First Peoples.
Implementation	The Partnership will lead this initiative. Planning to begin in 2011/2012.
2012-2017 strategic focus	To be determined.
Longer-term impact	Improved health and well-being of First Nations, Inuit and Métis peoples.

7. Raising the profile of cancer control with First Nations, Inuit and Métis national and regional leaders.	
Scope of activity	The Partnership's CEO will meet each of the national First Nations, Inuit and Métis leaders to encourage them to communicate their commitment to improving cancer outcomes and to define strategies to build support among their respective regional leaders.
Immediate impact	Increased strategic actions across jurisdictions to improve wellness of Canada's First Peoples.
Implementation	The Partnership will lead this initiative. Planning completed by March 2012.

2012-2017 strategic focus	To be determined.
Longer-term impact	Improved health and well-being of First Nations, Inuit and Métis peoples.

VI. IMPLEMENTATION

Implementation of the action plan involves several components, including performance of the activities outlined in the previous section, co-ordination of work, project evaluation, knowledge translation and exchange, and communications. These elements are elaborated upon in this section.

Initiatives

Requests for Proposals have been issued for initiatives to carry out the work of actions #2 to #5. These were posted in February 2011, with completion dates by March 2012. Action #1 will be initiated after discussions with key stakeholders. The Partnership will lead actions #6 and #7.

Co-ordination

As noted earlier, the interrelationships between the initiatives require a robust co-ordination process. Beyond a simple exchange of information, there is a broader need for partner organizations to help shape the initiatives and to recognize potential synergies among the initiatives.

To enable this process, a series of three day-long co-ordination and knowledge exchange meetings is planned throughout the implementation phase. These will be attended by project leaders, partners, selected stakeholders and the Partnership.

Knowledge translation and dissemination

A system of knowledge translation and dissemination to the broader stakeholder community is planned in order to facilitate rapid translation of the findings and recommendations arising from the work completed in the action plan. The goal is to encourage the uptake by partners and other stakeholders of the promising/leading practices identified through the action plan, and potentially to implement the activities outlined in the 2012-2017 timeframes presented above.

The series of knowledge exchange forums discussed above will culminate with a knowledge translation forum in spring 2012, including a broader stakeholder audience.

In addition, regular communications to identified stakeholders, as part of the communications strategy outlined below, will promote knowledge translation and dissemination.

First Nations, Inuit and Métis action plan evaluation

The entire action plan will be evaluated, with evaluation work beginning in 2011/2012. An evaluation framework will be developed by the Partnership based on the required deliverables, the anticipated impact of the work performed and the benefits expected by the developers of the action plan and those contributing to its implementation. A third-party vendor will be selected in 2011/2012 to begin the evaluation process.

Communications and engagement

A communications strategy is in place to keep partners and other identified stakeholders up to date on the action plan implementation and other investments in First Nations, Inuit and Métis cancer control. Communications vehicles consist of:

- A biannual news bulletin.
- Regular updates on the First Nations, Inuit and Métis section of Cancer View Canada and the Partnership's website.
- Webinars to facilitate dialogue, knowledge exchange and input.
- In-person updates to key committees.

Fond Du Lac, Saskatchewan

APPENDIX 1 SUMMARY OF DEMOGRAPHICS, HEALTH STATUS AND CANCER CONTROL FACTORS RELATED TO ACTION PLAN

The following brief synopsis describes the demographics, health status and cancer control challenges of Canada's First Nations, Inuit and Métis peoples. While peer-reviewed information on cancer in First Nations, Inuit and Métis populations is scarce, a short summary of the highlights of published studies and grey literature is provided as a context for the action plan.

A. Overview of First Nations, Inuit and Métis demographics, health status and cancer control challenges

The 2006 census reports that the First Nations, Inuit and Métis population of Canada numbers 1.17 million, forming 3.8 per cent of the Canadian population. All First Nations, Inuit and Métis populations are growing much faster than the general population, and they increased by 20 per cent from 2001 to 2006.

Certain features of health status and cancer control are experienced by each of the three First Peoples.

- A shift in disease patterns is evident for First Nations, Inuit and Métis populations over the past several decades, away from infectious diseases and toward chronic conditions such as cancer and diabetes.[5]
- Although research is limited, existing studies invariably show that cancer incidence has risen dramatically in each of the First Nations, Inuit and Métis populations over the past few decades.[6,7,8] From being nearly unknown a few generations ago, cancer is now among the top three causes of death among First Nations, Inuit and Métis peoples.[9,10,11]
- At the community level, there is a reported lack of awareness about cancer and successes in its prevention and treatment.[12-16] The lack of culturally relevant educational materials and expertise also contributes to this knowledge gap.[13, 14, 15]

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[5] Young, T.K. 1994. *The Health of Native Americans: Towards a Biocultural Epidemiology*. New York: Oxford University Press.

[6] Marrett, L. and Chaudry, M. 2003. "Cancer incidence and mortality in Ontario First Nations, 1968–1991 (Canada)." *Cancer Causes and Control* 14(3):259–268.

[7] Friborg, J.T. and Melbye, M. "Cancer patterns in Inuit populations." *Lancet Oncol,* 2008(9):892-900.

[8] CancerCare Manitoba. 2008. *Aboriginal Cancer Care Progress Report.*

[9] *The First Nations Regional Longitudinal Health Survey 2002/03*, Second Edition.

[10] CancerCare Manitoba.

[11] Health Council of Canada. 2005. *The Health Status of Canada's First Nations, Inuit and Metis Peoples.*

[12] O'Brien, B.A. et al. 2009. "Cervical Screening in Canadian First Nation Cree Women." *Journal of Transcultural Nursing* (20)1:83-92.

[13] Loppie, C. and Wein, F. 2005. *Our Journey: First Nations Experience in Navigating Cancer Care*. Mi'kmaq Health Research Group.

[14] Calam, B. et al. 1999. "Pap screening clinics with Native women in Skidegate, Haida Gwaii. Need for innovation." *Canadian Family Physician* (45):355-360.

[15] Inuit Tapiriit Kanatami. 2009. Inuit and Cancer: Fact Sheets.

- Communities' experiences of poor cancer outcomes (largely due to lack of access to prevention and screening programs[16, 17]) have created barriers to open discussions about the disease.[18, 19]
- About half of all cancer deaths are related to commercial tobacco use, diet and physical activity. Smoking rates among First Nations, Inuit and Métis peoples are much higher than in the Canadian population at large. [20. 21. 22, 23] Lack of consumption of fruits and vegetables, and physical inactivity are also reported to be higher in the First Nations, Inuit and Métis populations studied.
- Access to screening and treatment services is difficult for many First Nations, Inuit and Métis who live in rural and remote communities.[24. 25, 26]
- Within the health system, lack of awareness and understanding of important cultural elements can reduce the effectiveness of treatment [27, 28] while a lack of health-care resources in communities and poor co-ordination of care between hospitals and primary care providers can undermine follow up and palliative care.[29, 30. 31]

B. First Nations

First Nations are a diverse group representing more than 52 nations (such as the Cree, Mohawk, Haida and others) and more than 60 languages. In the 2006 census, approximately 700,000 persons identified themselves as First Nations, 53 per cent of whom were registered. Indian and Northern Affairs Canada reports that 62 per cent of First Nations live on reserves, while those who live off-reserve reside in urban, rural and remote communities. There are 633 First Nations

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[16] CancerCare Ontario. 2002. *Aboriginal Cancer Care Needs Assessment: It's Our Responsibility.*

[17] Premier's Consultation for Improved Cancer Care in Northern B.C., July 2006.

[18] Loppie, C. and Wein, F. 2005. *Our Journey: First Nations Experience in Navigating Cancer Care*. Mi'kmaq Health Research Group.

[19] O'Brien, B.A. et al. 2009. "Cervical Screening in Canadian First Nation Cree Women." *Journal of Transcultural Nursing* (20)1:83-92.

[20] Health Canada. 2009. *A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003.*

[21] Aboriginal Peoples Survey 2001.

[22] Statistics Canada 2008. *Aboriginal Peoples Survey, 2006; Inuit Health and Social Conditions.* Catalogue no. 89-637-X no. 001.

[23] Aboriginal Peoples Survey 2006.

[24] Bent, K., et al. 2007. *Entitlements And Health Services For First Nations And Métis Women In Manitoba and Saskatchewan.* Prairie Women's Health Centre of Excellence.

[25] Wardman, D., et al. 2005. "Access and utilization of health services by British Columbia's rural Aboriginal population." *Leadership in Health Services* (18)5: xxvi-xxxi.

[26] Inuit Tapiriit Kanatami. 2009. Inuit and Cancer: Fact Sheets.

[27] Loppie, C. and Wein, F. 2005. *Our Journey: First Nations Experience in Navigating Cancer Care.* Mi'kmaq Health Research Group.

[28] Jensen-Ross, C. 2006. *Cervical Screening Among Southern Alberta First Nations Women Living Off-Reserve (MSc Thesis).* University of Lethbridge.

[29] Premier's Consultation for Improved Cancer Care in Northern B.C., July 2006.

[30] Calam, B. et al. 1999. "Pap screening clinics with Native women in Skidegate, Haida Gwaii. Need for innovation." *Canadian Family Physician* (45):355-360.

[31] Sutherland, M. 2008. Provincial *Prevention and Screening Aboriginal Collaborative Working Group Meeting Report – March 26, 2008.* NW Aboriginal Cancer Care Committee.

communities across Canada: about 60 per cent have fewer than 500 residents, while seven per cent have 2,000 or more residents.[32] This diversity must be borne in mind when considering health challenges. Although the determinants and health status of First Nations is, in general, worse than the general Canadian population, many First Nations individuals and communities are at levels at or above the Canadian average.

- Overall, life expectancy of First Nations peoples is five to six years shorter than in the rest of Canada.[33]
- Eighty per cent of First Nations living on-reserve reported "good" to "excellent" health, compared with 88 per cent of the general Canadian population,[34] as did First Nations, Inuit and Métis people living in urban centres.[35]

Socio-economic determinants of health are generally worse among First Nations living on reserves than for Canadians as whole.

- Educational attainment is significantly lower than for the general Canadian population[36]
- Unemployment rates for First Nations living off reserve were reported by the 2006 census to be twice as high as for the general population, and nearly four times higher for First Nations living on reserve (23 per cent).
- The median annual income for registered Indians on-reserve is less than half that of the general Canadian population ($10,631 versus $22,274).[37]

Behavioural risk factors are now recognized as causing half of all cancers. In response to evidence from health surveys from First Nations [38, 39] many modifiable risk factors are now being addressed through initiatives to reduce the use of commercial tobacco, encourage healthy eating and active living, and to raise awareness about the relation of human papilloma virus infection to cervical cancer.

Regarding access to the health system, the First Nations Regional Longitudinal Health Survey 2002/2003, the 2002 National Aboriginal Health Organization survey, and the Canadian Community Health Survey (2000/2001) have shown that while overall First Nations have similar access to health services as do other Canadians, certain populations are disadvantaged.

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[32] Assembly of First Nations website.

[33] Tjepkema, M. et al. 2009. *Mortality of Métis and Registered Indian Adults in Canada: An 11-year Follow-up Study.* Statistics Canada Catalogue no. 82-003-X.

[34] Health Canada. 2009. *A Statistical Profile on the Health of First Nations in Canada: Self-rated Health and Selected Conditions, 2002 to 2005.*

[35] Environics Institute. 2010. *Urban Aboriginal Peoples Study.*

[36] Health Canada. 2009. *A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003.*

[37] Health Canada. 2009. *A Statistical Profile on the Health of First Nations in Canada: Determinants of Health, 1999 to 2003.*

[38] Regional Longitudinal First Nations Health Survey 2002/03.

[39] Aboriginal Peoples Survey 2001.

- First Nations, Inuit and Métis residents of the northern territories living off-reserve were half as likely to have access to a regular doctor, were more likely to have an unmet health-care need and faced barriers such as cost and transportation.
- Respondents in isolated/remote communities were less likely to have access to a regular doctor and experienced long wait times.

Since more than 30 per cent of First Nations communities are located more than 90 kilometres from physician services,[40] travel is necessary to access these facilities. Less than half of First Nations peoples perceive they have easy access to specialist care.[41] In northern communities, high turnover of health professionals, staffing shortages and ineffective charting systems were found to affect care.[42]

C. Inuit

In 2006, the census reported a total of 50,485 Inuit living in Canada, with more than three-quarters residing in the four regions of the Inuit Nunangat (Inuit homeland): Nunatsiavut (northern Labrador), Nunavik (northern Quebec), Nunavut, or Inuvialuit (western NWT). The Inuit population is young, with a median age of 22 years, compared with 39 years for the total Canadian population.[43]

The health status of Inuit peoples is generally worse than for the rest of Canadians:

- Life expectancy is 13 years less.[44]
- Only 50 per cent of Inuit adults (aged 15 and over) reported that their health is excellent or very good in 2006 (down from 56 per cent in 2001[45]), compared with 88 per cent of Canadians.[46]

Socio-economic determinants of health are generally not as good as in the rest of Canada, as reported in the 2006 census:[47]

- 51 per cent of Inuit aged 25 to 64 had not completed high school, compared with 15 per cent of the Canadian population.
- Unemployment rates were three to five times higher.
- In 2001, the median income for Inuit adults averaged $13,699 compared with $19,878 for non-Inuit in the same regions.[48]

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[40] Assembly of First Nations.

[41] Assembly of First Nations.

[42] Minore, B. et al. 2003. "How clients choices influence cancer care in northern Aboriginal communities." *International Journal of Circumpolar Health:*129-132.

[43] Inuit Tapiriit Kanatami. 2008. *Inuit Statistical Profile.*

[44] Inuit Tapiriit Kanatami. 2009. Inuit and Cancer: Fact Sheets.

[45] Statistics Canada 2008. *Aboriginal Peoples Survey, 2006: Inuit Health and Social Conditions.* Catalogue no. 89-637-X no. 001.

[46] Canadian Community Health Survey 2007.

[47] Statistics Canada, 2008. *Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census*

[48] Statistics Canada, 2001 Census

Smoking rates are higher among the Inuit than in the general Canadian population. Approximately 70 per cent of the adult Inuit population reported in 2006 that they smoked[49] more than three times the self-reported rate for all adults in Canada (17 per cent).[50] Lung cancer rates among the Inuit are now the highest in the world.[51] Inuit Tapiriit Kanatami, the national Inuit organization, has called for actions to address other behavioural risk factors: healthy diets, physical activity, reduction of excessive alcohol consumption, and sun protection.

Access to the health system is much more difficult for Inuit than for other Canadians. Inuit adults reported that they were less likely (56 per cent) than those in the total Canadian population (79 per cent) to have contact with a medical doctor in the past twelve months.[52] In 2006, 84 per cent of Nunavut residences and 51 per cent of Northwest Territories residences reported having no regular doctor.[53] Wellness clinics are often closed or cancelled due to lack of staff and transportation to appointments cancelled due to inclement weather.[54]

A shortage of health professionals is a large and persistent problem in the North, as described in a recent report from Nunavut.[55] In 2006, there were 35 physicians per 100,000 population in Nunavut, compared with 172 per 100,000 in the rest of Canada. Most patients must travel great distances to access these services. Few health services are culturally responsive to Inuit worldviews and norms or provided in the Inuit language. Although there were approximately 380 nurses registered to practice in Nunavut in 2006, only one-third worked full-time, and less than five per cent were Inuit. Hospitals in Nunavut operate well below capacity due to staff shortages. Community Health Representatives (lay health workers) are central to the delivery of community health care—they are Inuit, and come from the communities in which they work. However, staff vacancy rates of 50 per cent are common.

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[49] Statistics Canada 2008. *Aboriginal Peoples Survey, 2006: Inuit Health and Social Conditions*. Catalogue no. 89-637-X no. 001.

[50] Canadian Community Health Survey, 2005

[51] Inuit Tapiriit Kanatami. 2009. Inuit and Cancer: Fact Sheets.

[52] Statistics Canada. 2008. *Aboriginal Peoples Survey, 2006: Inuit Health and Social Conditions.* Catalogue no. 89-637-X no. 001.

[53] Statistics Canada. 2008. *Aboriginal Peoples Survey, 2006: Inuit Health and Social Conditions.* Catalogue no. 89-637-X no. 001.

[54] Inuit Tapiriit Kanatami. 2009. Inuit and Cancer: Fact Sheets.

[55] Nunavut Tunngavik Incorporated. *Nunavut's Health System - Annual Report on the State of Inuit Culture and Society 2007-08.*

D. Métis

The Métis National Council considers a person to be Métis if they "self-identify as Métis, are of historic Métis Nation ancestry, are distinct from other Aboriginal Peoples, and are accepted by the Métis Nation." The 2006 census reported 390,000 Métis in Canada.

The median age of Métis in 2006 was 30 years, nine years younger than that for the total population of Canada. Sixty-nine per cent of Métis lived in urban centres and 29 per cent in rural areas. Seven out of eight Métis lived in the West and in Ontario.

A study of mortality among the Métis population during the period 1991-2001 found that at age 25, the life expectancy of Métis men was about three years shorter than that of men in the non-Aboriginal study cohort, and that of Métis women about five years shorter.[56]

In 2006, more than half of Métis adults (58 per cent) stated that their health was excellent or very good—slightly below the age-standardized rate for the general Canadian population of 62 per cent. Cancer is the second leading cause of death among Métis in Canada.[57]

The 2006 Aboriginal Peoples Survey presented the following self-reported information related to the socio-economic determinants of health:

- Métis aged 25 to 54 were almost twice as likely than those in the total population of Canada to have less than a high school diploma. Similar percentages had completed a college program. Métis were more likely to have completed a trade certificate, but only one-third as likely to have completed university.
- Income levels were generally lower. The average income in 2005 for Métis aged 15 and over was $28,226, about 80 per cent of the Canadian average.

The 2006 Aboriginal Peoples Survey provides the following information related to health system access.

- Over half (57 per cent) of Métis adults said they were very satisfied with the way their care was provided, slightly lower than for the total population of Canada (61 per cent).
- While the majority of Métis adults (81 per cent) reported they had a family doctor, this is slightly less than for the total population of Canada (86 per cent). There were no differences in percentages reported by people living in urban and rural areas.
- Métis living in urban settings were slightly more inclined than rural Métis to say that availability of doctor care was excellent (20 per cent versus 16 per cent).

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[56] Tjepkema, M. et al. 2009. Mortality of *Métis and Registered Indian Adults in Canada: An 11-year Follow-up Study. Statistics Canada Catalogue no. 82-003-X.*

[57] Tjepkema, M. et al. 2009. *Mortality of Métis and Registered Indian Adults in Canada: An 11-year Follow-up Study.* Statistics Canada Catalogue no. 82-003-X.

Little is known about the incidence of cancer among Métis populations, or about the behavioural risk factors for cancer and chronic diseases. Respondents to the 2006 Aboriginal Peoples Survey reported that 31 per cent of those aged 15 and over were daily smokers—almost double the rate for the Canadian population as a whole (17 per cent).

APPENDIX 2 EXAMPLES OF FIRST NATIONS, INUIT AND METIS CANCER CONTROL INITIATIVES

The following tables contain examples of cancer-related initiatives which were identified as part of the National Forum on First Nations, Inuit and Métis Cancer Control in March 2009. These are provided as background information to indicate the types of activities relevant to First Nations, Inuit and Métis cancer control that have been completed or are ongoing.

Table 1 Overview of initiatives

Organization	Initiatives
First Nations	
Assembly of First Nations	Report: *First Nations and Cancer Screening*, 2009.
	The AFN has recently begun developing a draft First Nations Tobacco Control Strategy. A new strategy that is informed, designed and controlled by First Nations will result in greater and long lasting outcomes of public health programming. The AFN has successfully received funding for its proposal to Health Canada to revive the National First Nations Tobacco Control Network, continue to work on a First Nations Tobacco Control Strategy, and to host a community-based tobacco forum.
Gitxsan Communities, B. C.	Health Canada provided funding to Northern Health for a tobacco cessation project to be developed for the people of the Gitxsan community of Northern B.C. This project will provide a cessation program for the Gitxsan community and will establish local access to effective tobacco cessation for residents. It will increase understanding about tobacco addiction among community members and will build capacity among health-care providers and community members to deliver tobacco cessation programs.
Nechi Institute, Edmonton, Alta.	The Nechi Institute offers addiction recovery programs for urban First Nations, Inuit and Métis people, including the following materials: • *“Integrated Tobacco Recovery for Urban Aboriginals Adults and Adolescents,”* a culturally appropriate self-help guide to smoking cessation. • *“Tobacco: addiction & recovery – a spiritual journey,”* is a manual to help for First Nations, Inuit and Métis adults and adolescents seeking help in recovering from tobacco addiction.
Battlefords Tribal Council, Sask.	Health Canada provided funding to the Battlefords Tribal Council Indian Health Services Inc. for programs to reduce smoking rates in First Nations and to increase knowledge about the dangers of tobacco use and second-hand smoke. Funding will assist in the development of a culturally relevant First Nations smoking cessation program, and in the recruitment and training of community members to deliver it. This support will also provide for the updating and implementing of the smoke-free environment policy in Battlefords Tribal Council Indian Health Services Inc. facilities.

Organization	Initiatives
Norway House First Nation, Man.	The Aboriginal Health Transition Fund adaptation project Norway House is piloting a community engagement model in Manitoba. Among its various projects, the community's working group is developing a navigation system to help address the gaps between diagnosis and treatment.
Union of Ontario Indians	The Union of Ontario Indians developed *NASAWIN*, a self-help kit for a ten-week program that teaches about smoking.
Noojimawin Health Authority, Ont.	The Noojimawin Health Authority implemented a campaign for Tobacco Cessation and Prevention to promote smoking cessation and prevention among First Nations, Inuit and Métis youth and their parents/caregivers.
Wabano Centre for Aboriginal Health, Ont.	The Sacred Smoke Cessation Program takes a comprehensive and holistic approach to working with people who are in the process of quitting smoking. It addresses the physical, psychological, social, emotional, spiritual, and cultural aspects of each individual.
Enaahtig Healing Lodge, Ont.	Enaahtig Healing Lodge offers a residential smoking cessation program.
First Nations of Quebec and Labrador Health and Social Services Commission	Forum: *"Ensemble, luttons contre le cancer"* (Together, let's fight against cancer"), March 2009. Developed a toolkit to be used in First Nations communities to increase the awareness about cancer control.
Inuit	
Inuit Tapiriit Kanatami	Discussion paper on Inuit and Cancer and an accompanying fact sheet outline the rising incidence of cancer and identify key cancer control issues.
Inuit Tuttarvingat (National Aboriginal Health Organization)	The Inuit Tobacco-free Network program has two components: 1) Inuit-specific web-based resources. • Wide range of Inuit language and English resources links. • Newly adapted and/or translated fact sheets and quizzes. • Youth video project on quitting stories. • Stories. 2) Training for Inuit health personnel (March-May 2010). • Teleconferences and individual calls with instructors; self-directed; all trainees automatically part of network.
Nunatsiavut	The Blue Light Campaign is creating community awareness about smoking by placing a blue light outside every home that is smoke free. The program has been implemented in Nunavik and Nunatsiavut.
	Nunatsiavut region introduced the Born Smoke Free project to constituents based on its provincial program to promote non-smoking around babies. The Nunatsiavut government had provided for "onesies"

Organization	Initiatives
	(body suits), bibs and pamphlets promoting non-smoking near babies. The Nunatsiavut Government plans to share the toolkit with other Inuit Nunangat regions to produce the kits in their own dialects. On May 31 2010, the federal government announced $350,000 in funding to Inuit Tapiriit Kanatami (ITK)to advance this program across the four Inuit regions and in Inuit households in Ottawa through Tungasuvvingat Inuit.
Inuvialuit Regional Corporation	The IRC, with funding from the Public Health Agency of Canada, will form an Inuit Cancer Screening Committee to work with the territorial government to develop policies, procedures and guidelines for an Inuit Regional Cancer Screening Program. As part of this project, the IRC entered into a partnership agreement with the Nunatsiavut Department of Health and Social Development to implement components of a cancer screening project, as well as to integrate and adapt cancer services to the diverse needs of the Inuvialuit of the Western Arctic and the Inuit of the Nunatsiavut region.
Pauktuutit Inuit Women's Association	The *Aniqsaattiarniq – Breathing Easy: Tobacco Recovery Resource Manual* was designed to educate front-line service workers in Northern communities about tobacco addiction, recovery, and how to help others. *Guidelines for Inuit Communities Working on Reducing Tobacco Use* is another manual created to address tobacco use that highlights issues related to tobacco use that have been identified by community representatives.
Métis	
Métis Nation British Columbia	The Métis Nation British Columbia has received Aboriginal Health Transition Fund support to work with its partners in the province (the Aboriginal Sports and Recreation Physical Activity Partners Council; Provincial Health Authorities; Ministry of Healthy Living and Sport; Ministry of Health) to increase Métis participation in health services, increase capacity in First Nations, Inuit and Métis communities to create and sustain health policies, programs and services, and to enhance collaboration among government, non-government and private-sector organizations. Project activities include: an environmental scan of health services to determine how effectively Métis are involved in existing First Nations, Inuit and Métis services; regional workshops to discuss the health priorities of Métis in British Columbia; an assessment of health programs and services and community capacity to deliver health services; and the development of a data matching protocol which will create a mechanism to develop data sharing agreements between provincial Ministry of Health and associated agencies and MNBC. This will facilitate evidence-based decision-making in health planning.

Organization	Initiatives
Manitoba Métis Federation	The Manitoba Métis Federation received funding from the Aboriginal Health Transition Fund to work with its partners (Regional Health Authorities; Aboriginal Health and Wellness Centre of Winnipeg Inc.; CancerCare Manitoba; and Manitoba Centre for Health Policy, Centre for Aboriginal Health Research, University of Manitoba) to improve the information gap regarding the health status of the Métis population of Manitoba and to help meet the need for appropriate and timely adaptations of health programs and services to improve Métis health and reduce the burden of ill health. Also, the Métis require capacity enhancements to enable full participation at all levels for planning, designing, implementing and monitoring health status and services. The overall goal of the project is to adapt existing provincial health services to improve Métis access to health programs and services, make the services more suitable to Métis people and increase Métis involvement in the design, delivery and evaluation of health programs. Emphasis will be placed on establishing collaborative working relationships between First Nations, Inuit and Métis organizations, government and research organizations. By creating a Métis health data repository and comprehensive health status profile, the MMF will alleviate the information gap. The project will lead to a health research agenda and creation of knowledge networks among the membership of the Manitoba Métis Federation's Regions to apply health information to policy-making. The MMF released a report in June 2010 entitled: *Profile Of Métis Health Status and Healthcare Utilization in Manitoba.*
Métis Nation of Ontario	The Métis Nation of Ontario will partner with Mobile Medical and the Victorian Order of Nurses to design a mobile primary health-care unit to function as a general family practice and walk-in clinic, incorporating preventative medicine modalities with diagnostics and treatment. The clinic will provide all levels of physical examination, from minor assessments to complete annual health checks, and will focus on preventative and screening tests. Rotations will consist of a number of location stops, lasting for approximately one week each, and will occur four times a year.

Organization	Initiatives
Aboriginal	
National Indian and Inuit Community Health Representatives Organization (NIICHRO)	Taking the Lead for Change—Tobacco Cessation Strategies for Aboriginal Communities is a program that includes a training manual, community empowerment guide and visual aid. NIICHRO has produced numerous pamphlets, videos and broadcast media supports for use by Community Health Representatives in First Nations and Inuit communities. The Consultancy for Alternative Education and NIICHRO collaborated to develop the No Butts to It Challenge. This program challenges entrants, aged 8 to 18, to stay smoke-free for six weeks, with prizes for each group. The challenge seeks to: • Build awareness about the problems of smoking in First Nations, Inuit and Métis communities, with a focus on youth. • Motivate youth smokers to at least consider quitting smoking, or better yet, to take the crucial first step to quit smoking. • Encourage youth non-smokers not to start smoking; many are at high risk of becoming smokers in the future. The program has been implemented in New Brunswick and southern Qikiqtaaluk (Baffin Island) communities of Nunavut.
Labrador Métis Nation (Now known as Naunatukavut)	The Labrador Métis Nation, working with the Province of Newfoundland and Labrador and the Labrador Grenfell Health Authority has receive AHTF funding for a project called Determining the Need—Educating the Stakeholder. The goal is to survey and identify specific health issues among the Inuit and Métis populations on the south coast of Labrador and to initiate service adaptation discussions with the Labrador Grenfell Regional Health Authority based on the priorities identified by First Nations, Inuit and Métis communities. Results of the study will be shared with First Nations, Inuit and Métis communities, the provincial government and the Labrador Grenfell Regional Health Authority. An education strategy will be designed and implemented to raise awareness of the health issues identified. The project will support the establishment of bilateral partnerships with the Labrador Grenfell Health Authority and foster collaborative and mutually respectful approaches to program and service adaptation. A Labrador Métis Health Status Report Card will be developed.

Table 2 Overview of provincial cancer agency/program initiatives directed to First Nations, Inuit and Métis populations

Province	Initiatives
British Columbia	The Northern Cancer Control Strategy is a joint initiative between the Provincial Health Services Authority/BC Cancer Agency and Northern Health. A cancer centre is now being built in Prince George, which has the largest First Nations, Inuit and Métis population in the province, consisting mostly of First Nations with smaller numbers of Métis and Inuit people. The centre has been specifically designed from smaller populations. With engagement from the communities, they are working to determine how to make this centre more culturally appropriate. Currently there is a circular spiritual room and a garden with indigenous plants. The colours and are being specifically chosen to be representative of the nations who live in the North. The centre will be finished in two years. There are 15 projects in total included in the strategy. While Aboriginal Health was initially part of the Northern Strategy, it has become clear that a First Nations, Inuit and Métis strategy needs to be developed. It is first being developed in the northern part of the province and then will be used to inform southern regions. The Canadian Cancer Society, BC Cancer Agency and Northern Health have been involved with developing a nutrition and physical health program with a community located north of Prince George. The organizations help the community to develop a program of their choice in a sustainable way and help identify resources the community needs. The strategy is partnering with Northern Health and BCCA to develop a survivorship care program. Funding has been secured to begin the pilot project which will include two non-Aboriginal communities and one Aboriginal community. The project will identify what a survivorship care plan would like in each community and how those plans can be incorporated to other areas throughout the North. The project is being informed by those in the communities that have been affected by cancer. A mobile mammography screening unit visits 16 sites all year around with a focus on rural, remote and/or isolated communities. There are 53 First Nations communities in the North and the strategy is helping to determine how to increase awareness and participation in the screening program from all communities.
Alberta	Alberta Health Services has adapted its strategic plan to focus on chronic disease as a broad category, rather than putting a specific focus on cancer. In addition, First Nation Inuit Health Alberta region is expanding work in the area of chronic disease and has been meeting in the past few months with AHS counterparts to ensure consistency and continuity in planning. To support the provincial and federal health focus on chronic disease, the Aboriginal Health Program has also adopted this broader focus of chronic disease management.

Province	Initiatives
	A manual is being developed to be used for AHS staff and physicians who are working with the First Nations, Inuit and Métis community in chronic disease management. The manual in intended to provide a framework for people working with the First Nations, Inuit and Métis population so that more can be learned about the culture as it relates to health, demographics, vital statistics, health status and legislation to ensure that health workers are providing ethical and excellent health services for this population. A needs assessment/talking circles project is expected to begin this fall and is intended to determine, with the direction of the First Nations, Inuit and Métis population, what types of chronic disease programs and organizational program structure might work best for these populations. AHS has developed and shared with health services and programs including FNIH health centres First Nations, Inuit and Métis specific screening kits related to breast, cervical and colorectal screening. AHS is helping with cervical screening initiatives with the Western Cree Tribal Council First Nations and providing advice and recommendations for other initiatives with First Nations, Inuit and Métis communities as well. There is currently one part-time Aboriginal Health Coordinator position at the Cross Cancer Institute in Edmonton. The Alberta Cervical Cancer Screening Program developed an Aboriginal Cervical Cancer Education Toolkit to help First Nations, Inuit and Métis health workers provide information about cervical cancer screening to First Nations and Métis women. The toolkit contains a PowerPoint presentation slides and CDs; flip chart cards and pamphlets on four topics related to cervical cancer; personal stories from Aboriginal women; a cervical model and medical Pap test supplies; a video on colposcopy examinations; and other information resources.
Manitoba	There are three main areas that the Aboriginal cancer strategy of CancerCare Manitoba has focused on. Each area contains several initiatives or projects. The three areas of focus are: • Developing a culturally appropriate environment for patients who use cancer services. • Increasing awareness of cancer as concern of First Nations, Inuit and Métis. • Improving cancer services. The development of a culturally appropriate,safe environment for the First Nations, Inuit and Métis populations has included several efforts including:

Province	Initiatives
	• Increasing human resources capacities to reflect and include First Nations, Inuit and Métis staff. • CancerCare Manitoba has developed a two-day cultural safety workshop, which is experiential and directed from a First Nations perspective. Elders and community-based consultants share perspectives on history, colonization, medicine, spirituality and various social issues, including residential school experiences. Currently, 60 per cent of CancerCare Manitoba staff has attended the workshop. • Norway House First Nation has been funded for a project designed to improve prevention and screening programs. Rates have improved in this area. Bears on Broadway is an education campaign that is being developed with the CancerCare Manitoba Foundation. In 2009, an advisory committee was developed that has representation from First Nations, Inuit and Métis populations. Under the direction of this group, CancerCare Manitoba has started to develop literature about risk factors, prevention and develop more relationships with the community. There is a 'fly-in' program available for areas that the mobile screening unit cannot access. Through a five-year CIHR grant, research is underway to look at patterns of cancer and cancer services by linking the INAC Registry to the Manitoba Cancer Registry. The Manitoba Métis Federation has initiated work involving linkage between its voting list and the cancer registry. This work is being supported by the Public Health Agency of Canada. Through a Canadian Breast Cancer Research Fund grant, work is being completed on translating some screening materials into First Nations languages. The Breast Cancer Centre of Hope is also looking at translating materials into Cree. CancerCare Manitoba has assisted both groups to connect with community members to help with these translation projects.
Ontario	Cancer Care Ontario has implemented an Aboriginal Cancer Control Strategy that addresses four key priority initiatives: 1. Research and Surveillance. 2. Health promotion and prevention including Aboriginal Tobacco. 3. Relationship/capacity building within CCO, regions and First Nations, Inuit and Métis communities. 4. Treatment, including supportive and palliative care.

Province	Initiatives
	The strategy is in the process of a four-year renewal. Work is also underway to develop an Aboriginal Primary Care strategy, following up the Aboriginal Primary Care Forum held in March 2009. These initiatives are part of the Aboriginal Cancer Control Strategy: •Let's Take a Stand Against Colorectal Cancer is a train-the-trainer project designed to educate First Nations, Inuit and Métis front-line health staff and community members about colorectal cancer. This initiative is aligned with the population-based colorectal screening program ColonCancerCheck. •The Aboriginal Tobacco Program implemented a sports and recreation initiative with First Nations youth to educate about the harmful effects of commercial tobacco use. •The Aboriginal Program also partnered with the Centre for Addiction and Mental Health's Training Enhancement in Applied Cessation Counselling and Health study to assist in creating a two- day curriculum for First Nations, Inuit and Métis tobacco cessation. •The Provincial Provider Network for Aboriginal Cancer Prevention and Screening was established in September 2008 to advance the mandate of the Aboriginal Cancer Strategy. The network fosters partnership development and interaction with First Nations, Inuit and Métis communities at the local level. (Source: http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=72830) •The Aboriginal Data Indicator Pilot Project employs self-identification to improve data collection and patient navigation. A First Nations-specific surveillance project is being developed and approvals to move forward are pending. •Work is underway to increase participation rates of First Nations, Inuit and Métis people to cancer screening initiatives, such as the Integrated Cancer Screening program. •The Healthy Eating Guidelines Pilot Project provides guidelines and resources support First Nations communities in choosing healthy food options in school food programs. The project is lead by a working group comprising of health and education representatives from three First Nation communities.
Quebec	Mobile mammography services are provided by bus and plane on a regularly scheduled basis to rural areas throughout Quebec. All Nunavik women aged between 50 and 69 receive a mammogram once every two years to detect breast cancer in its early stage. Quebec has achieved breast screening participation rates in the James Bay and Nunavik health regions that are higher than elsewhere in the province. Both regions have autonomous health authorities that are integrated into the provincial health system.

Province	Initiatives
New Brunswick	No information available.
Prince Edward Island	To reduce screening waiting times, P.E.I. is making the following changes: • Offering women the option to get mammograms in the evenings and on Saturdays. • Instituted a centralized booking system with a toll-free number. Although not Aboriginal-specific, these changes will improve access to services for all citizens.
Nova Scotia	The Cultivating Communities for Collaborative Care program seeks to improve collaborative patient-centered practice for those who provide care to oncology patients and their families, including those in First Nations communities. Activities include to: • Develop, deliver and evaluate a competency-based facilitator training program. • Cultivate a community of practice among those facilitators. • Develop shared knowledge, skills and attitudes among participants in Interprofessional Core Curriculum modules. • Modify the existing oncology ICC to be culturally sensitive for First Nations • Increase patient satisfaction and health practitioners' awareness of and access to existing resources. • Engage in knowledge transfer, dissemination and networking activities. • Provide opportunities for nursing students to engage in collaborative patient-centered practice. The Government of Nova Scotia's Department of Health has a program entitled The Path Less Travelled, which will use navigation tools to improve the experience of Aboriginal patients in the health-care system. Cape Breton First Nations (Tui'kn communities) will adapt education materials and referral processes for First Nations, Inuit and Métis people diagnosed with cancer, adapting the Cancer Care Nova Scotia program.
Newfoundland and Labrador	Aboriginal Patient Navigators - In an effort to break barriers and help aboriginal patients make their way through the acute care system, two aboriginal patient navigators have been hired as part of a pilot patient navigator program. These navigators act as liaisons for individual aboriginal patients to improve holistic care, and work towards improving policies, programs, and services for all patients. To compliment these aboriginal patient navigators, other patient navigators are being hired for the Cancer Care Program. Teleoncology services are available throughout the province. A number of health care providers use this technology to conduct follow up care which has resulted in a reduction in the number of face-to-face visits for peripheral clinics as well as travel to St. John's or one of the regional cancer centers. Teleoncology services are being facilitated primarily by oncologists but there have been appointments scheduled with social work, nutrition, enterostomal therapy and pain and symptom management. There are also a number of educational sessions, patient rounds and meetings that are held on a weekly and monthly basis

Table 3 Overview of federal, provincial and territorial government initiatives

Organization/ Province/Territory	Initiatives
First Nations and Inuit Health Branch	A portion of the funds of the Federal Tobacco Control Strategy are allocated to FNIHB. This program provides for tools such as self-help guides and support groups to encourage people to quit smoking. Resources for health-care professionals are also provided, such as facilitator guides to teach them how to help people quit smoking.
	Supports regional and community initiatives through the Aboriginal Health Transition Fund.
Public Health Agency of Canada	PHAC has funded health surveillance initiatives with several Métis nations (British Columbia, Alberta, Manitoba and Ontario) to create data linkages using existing records. Details are provided in Table 5.
British Columbia	The National Collaborating Centre for Aboriginal Health, in Prince George, is working to establish achievable, First Nations and Métis-specific health promotion goals in British Columbia as part of its national mandate. Health promotion strategies support the distinct needs and circumstances of diverse First Nations and Métis populations and communities within B.C.—rural, Northern, urban and off-reserve. Based at the University of Northern British Columbia, it works in partnership to better reach and serve First Nations and Métis peoples. Knowledge translation activities related to cancer include two reports: *Aboriginal-Specific Tobacco Cessation: An Environmental Scan and Literature Review* and *Aboriginal Health Promotion: An Environmental Scan and Literature Review.* The provincial government provides funding to the National Collaborating Centre for Aboriginal Health<http://www.nccah-ccnsa.ca/> at the University of Northern British Columbia to implement the BC Aboriginal Tobacco Strategy, as part of Aboriginal Act Now BC. Fact sheets, case studies of successful community programs and telephone support services are available on the website.
Alberta and NWT	BLAST - Building Leadership For Action In Schools Today is a partnership between the Lung Association, Alberta and the Northwest Territories consisting of a tobacco education and prevention program delivered in partnership by The Lung Association and Alberta Alcohol and Drug Abuse Commission. Students in grades seven to nine from across Alberta come together to get the facts on tobacco use. In a positive peer environment, these youth focus on team building, personal empowerment and advocacy. Students develop project plans to implement in their own community.

Organization/ Province/Territory	Initiatives
Alberta	Alberta Health Services implemented its Aboriginal Tobacco Use Strategy through the Alberta Alcohol and Drug Abuse Commission to address tobacco use among Alberta First Nations and Métis people living off reserve. A steering committee made up of representatives from the following groups consulted with First Nations and Métis people and groups from across the province: •Nechi Training Research and Health Promotion Institute •Alberta Aboriginal Affairs and Northern Development •Health Canada •AADAC •Métis Nation of Alberta. The strategy was published in 2002. Materials for schools and sports coaches including culturally relevant information for First Nations are available on the AHS website.
	The University of Alberta Faculty of Nursing – Aboriginal Health Group received funding from Health Canada to implement the Culturally Appropriate Tobacco Use Program for Aboriginal Youth. This initiative provides training to health professionals, students and community members to deliver the program to First Nations and Métis youth in elementary and junior high schools, on- and off-reserve, across Alberta, while building capacity among Aboriginal health professionals, community leaders and students.
	In 2010, Health Canada announced funding to projects by Alberta Health Services and the University of Alberta to help Albertans stop smoking. Some of that money is aimed at First Nations and Métis youth.
Northwest Territories	NWT provides Breast Health Patient Navigation and Cancer Patient Navigation services.
Nunavut	The Cancer in Nunavut: Strengthening a Community-Based Support Network supports breast cancer survivors and informs community members. Breast cancer information now includes other cancers (lung and cervical) that affect Nunavummiut women. The Department of Health and Social Services' Tobacco Reduction Campaign was announced in December of 2001. This media campaign is part of its evolving tobacco strategy and some of the programs and initiatives in it are: • Television and radio Public Service Announcements. • Posters. • A poster contest held across Nunavut schools, with 12 winning entries selected and these will be used to produce a calendar, based on the school year. • Training of local people, in partnership with Pauktuutit, in cessation

Organization/ Province/Territory	Initiatives
	programs. The Department of Health and Social Services has started the process for a legislative proposal for a Nunavut Tobacco Control Act. After all the required consultations are complete and the Act is enacted, Nunavut is expected to legislate on advertising, products, involuntary exposure, sales and enforcement.
Territories	The three territorial departments of health and social services collaborated on the Smoke Screening project—a pan-territorial media awareness and evaluation classroom activity for students in Grades 6 through 12. Students view 13 top tobacco education television ads from around the world, including two French language ads, and vote on the ad they feel is most effective. Youth are encouraged to think seriously about the decision to smoke or chew.

Table 4 Overview of not-for-profit organizations' initiatives

Organization	Initiatives
Saint Elizabeth	Saint Elizabeth implemented the @YourSide Colleague Cancer Care course with First Nations across Manitoba, British Columbia and Saskatchewan. The program includes a web-based learning component and self-directed courses on cancer, screening and treatments. Work is underway to expand the program to all provinces by March 2012.
Canadian Cancer Society	The CCS has partnered with provincial governments and cancer agencies to develop and implement various initiatives.The Screening Saves Lives lay health educator program was successfully applied in First Nations in northeastern Ontario. The Manitoba Division created a Knowledge Exchange Network to integrate chronic disease prevention activities. Its report entitled Information Package for Evidence-Informed Interventions: Moderate-strength chronic disease prevention interventions for Aboriginal populations (last update: February 2010) surveys health intervention programs in Canada and the U.S. Tobacco programs are included, as well as chronic diseases.
Canadian Hospice Palliative Care Association	The association produced a handbook supporting First Nations patients and caregivers, plus an inventory of resources and tools for palliative care for use by First Nations and Inuit communities. It also sponsored a roundtable meeting to identify key issues in palliative care.
Lung Association	The National Lung Health Framework includes action plans for First Nations, Inuit and Métis. Areas of overlap include lung cancer, determinants of health and commercial tobacco use.
	BLAST - Building Leadership For Action In Schools Today is a partnership between the Lung Association, Alberta and the Northwest Territories (described above).

Table 5 Overview of cancer research and surveillance initiatives

Organization	Initiatives
Research	
Centre for Aboriginal Health Research (CAHR)	CAHR is conducting the following research: • Leaving for the city: an exploration of cultural social, health and economic dimensions of Manitoba First Nations relocating to urban centres to access medical care. Lead: Dr. Josee Lavoie. • Manitoba First Nations Health Report Card: A collaborative network project to understand health disparities. Lead: Dr. Brenda Elias. • Aboriginal Health Survey Support Program. Lead: Dr. Brenda Elias.
Manitoba Métis Federation	Cancer in Métis in Manitoba. Lead: Dr. Judith Bartlett (funded by Public Health Agency of Canada, as part of the Métis Chronic Disease Surveillance Program).
Network Environments in Aboriginal Health Research (NEAHR) Alberta Network	The focus of the Alberta NEAHR is improving access to health care services for Aboriginal peoples.
Asitijirunnaqpaa Smoking: Can it change?	The Government of Nunavut Department of Health and Social Services; University of Waterloo (Population Health Research Group), Dr. Paul McDonald; Nunavut Tunngavik Incorporated; and Community Health Committees have received funding through the National Lung Health Framework for a project to gain a better understanding of: 1. The drivers (i.e., social, cultural, economic) leading to high tobacco consumption rates by Inuit living in Nunavut. 2. The population's awareness and perception of risk related to tobacco consumption. 3. Potential incentives/motivators for change in tobacco consumption for Inuit living in Nunavut to support the development of a public awareness initiative. Focus group discussions will be conducted in three communities with different age groups and smoking status.
Assessing and reducing second-hand smoke exposure in Aklavik homes	The Nasivvik Centre for Inuit Health and Changing Environments (Quebec) is leading a project to gather baseline data about smoke-free homes, raise community awareness about the dangers of second-hand smoke (SHS), and help to protect people from SHS exposure in their homes and workplaces.
Surveillance	
Regional Longitudinal First Nations Health Survey (RHS)	The RHS surveys health statistics among First Nations living on and off reserve. The 2008 survey results are presently being analyzed and will be published by March 2011.

Organization	Initiatives
Institut national de santé publique du Québec	The public health department of Quebec (INSPQ) published its report on cancer incidence and mortality of on-reserve First Nations and Inuit in northern communities in Quebec as part of a new North American surveillance collaboration.*Cancer chez les Autochtones du Québec vivant dans les réserves et les villages nordiques, de 1984 à 2004.*
Naasautit: Inuit Health Statistics	The Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated, the Nunavik Regional Board of Health and Social Services, the Nunatsiavut Government, the Inuit Tuttarvingat, and Inuit Tapiriit Kanatami are collaborating on a national project to enable Inuit regional organizations and communities to make better use of existing statistics on Inuit health. The two-year project is funded through the Aboriginal Health Transition Fund of Health Canada. The Naasautit project aims to develop information systems to describe and monitor the health determinants and conditions of the 50,485 Inuit in over 50 remote Arctic communities and across Canada.
Métis Nation British Columbia (MNBC) data linkage	The Public Health Agency of Canada is funding a MNBC proposal that outlined the feasibility of data-matching between the MNBC Central Registry, and provincial databases such as the BC Cancer Agency Registry and the BC Centre for Disease Control. Data matching is of 4,800 Registered Métis Citizens in B.C. at present, but other projects may look at the self-identified population, based on Statistics Canada information and collaborative data from other sources. MNBC will be able not only to report on the health status of the B.C. Métis population in a significant way, but also to contribute to Métis data at the national level. Using data gathered from doctors' offices, administrative data sets, Workers' Compensation, and Statistics Canada.
Métis Nation BC 2012 Provincial Survey	The Métis Nation BC 2006 Provincial Survey addressed areas such as health, culture, education, housing, employment, and was administered to over 1500 households. The health section of the MNBC 2006 Provincial Survey focused on the following eight areas: • health medical services plan and health insurance • accessing health care services and information • disabilities • medical conditions • mental health • home care • substance use • traditional healers. The Métis Nation BC will obtain measurable results through the Métis Nation BC 2012 Provincial Survey, assessing against the baseline data collected through the 2006 Provincial Survey.

Organization	Initiatives
Métis Public Health Surveillance Initiative, Alta.	The Métis Nation of Alberta (supported by the Public Health Agency of Canada and working in co-operation with Alberta Health) developed the MNA Métis Public Health Surveillance Initiative. This project will identify health data specific to Métis. The goal of the initiative is to establish linkages between Alberta Health records and the MNA membership registry.
Our Health Counts: Development and application of a baseline population health database for urban Aboriginal people in Ontario	The Métis Nation of Ontario (MNO), with partners such as the Ontario Federation of Indian Friendship Centres Tungasuvvingat Inuit and the Ontario Native Women's Association will collect baseline health data for First Nations, Inuit and Métis peoples in Ontario. This research initiative will respect the cultures, languages, knowledge, values, and rights to self-determination of the Métis Nation of Ontario. The Métis-specific health data collected through the initiative will help to ensure the provision of accessible, useful, and culturally relevant urban First Nations, Inuit and Métis population health data to local, small region, and provincial policy-makers. MNO's participation in the collection of Métis-specific data will be community based and participatory and be driven by respondents. The data collected will be handled with strict adherence to data management protocols.
Métis Nation of Ontario data linkage	Métis Nation of Ontario (with funding from the Public Health Agency of Canada) used registry data to anonymously cross reference with provincial health records through the Institute of Clinical and Evaluative Sciences. In total, three data "runs" on three chronic diseases are planned. Two, diabetes and cancer prevalence, have already been identified. The third will be determined based on findings of the diabetes and cancer investigations. A full-time Chronic Disease Surveillance Coordinator and a part-time Knowledge Translation Consultant were hired to run the program.

APPENDIX 3 LIST OF PRIORITIES NOT INCLUDED/SPECIFIED IN ACTION PLAN

The action items listed below were excluded from the action plan either because they were not aligned with the priorities of the contributing organizations or because they were not areas where the Partnership was best positioned to add value and advance the work. It is, however, possible that many of these specific areas of focus may be further explored within the initiatives identified in the action plan. For example, Item G (develop a best practice guideline to support cancer patients through sharing circles) may be an eventual output of the action plan's focus on identifying traditional models of care. As well, Item C (build on best practices to create a core awareness program and tools on lung cancer that can be adapted by communities) may be an eventual output of the action plan's focus on identifying culturally responsive resources and services for possible application more broadly.

PRIMARY PREVENTION

Action Item	Primary Target Group
A. Adapt existing materials based on learning from research and best demonstrated practices in communities. Disseminate to front-line health workers.	Front-line health workers and individuals in First Nations, Inuit and Métis communities

SCREENING

Action Item	Primary Target Group
B. Lead by example. Develop a publicity campaign around FN/I/M national leaders (or their family members) who go for colorectal screening.	First Nations, Inuit and Métis communities
C. Build on best practices to create a core awareness program and tools on lung cancer that can be adapted by communities.	First Nations, Inuit and Métis communities
D. Assess state of readiness for increased participation rates in colorectal cancer screening. • evaluate process model for fecal occult blood test (FOBT) or fecal immunochemical test (FIT) • identify logistical and capacity gaps.	Front-line health workers in First Nations, Inuit and Métis communities
E. Develop evidence paper describing travel barriers for preventive screening, assessing impact and identifying innovative Federal/Provincial/Territorial programs (e.g., Manitoba and Ontario). Host a roundtable in each province/territory to present and develop solutions.	Federal/Provincial/Territorial Ministries of Health

F. Build on Cancer Care Ontario’s indicators project to develop a model for case management of patients during period between symptom presentation and diagnosis.	Specialists and front-line health workers in First Nations, Inuit and Métis communities

CANCER JOURNEY

Action Item	Primary Target Group
G. Develop a best practice guideline to support cancer patients through sharing circles.	First Nations, Inuit and Métis communities

HEALTH HUMAN RESOURCES

Action Item	Primary Target Group
H. Based on the models of care developed, build a business case to increase capacity for end-of-life care at home.	Health services funders
I. Inuit: Based on the models of care, build a business case for patient advocates or navigators to support patients who travel to receive care.	Health services funders

RESEARCH AND SURVEILLANCE

Action Item	Primary Target Group
J. Develop a cross-sectoral research agenda that examines the current status of cancer in First Nations, Inuit and Métis populations and that also evolves our understanding of the impacts of historical, environmental, socio-economic and behavioural factors on the development and outcomes of cancer and other related diseases. Include a plan to communicate research results to communities and to organizations developing prevention programs. Present strategy and recommendations to funding agencies in time for budget planning.	Researchers and funding agencies

APPENDIX 4 CONTRIBUTORS TO THE ACTION PLAN

The Partnership would like to extend its sincere thanks to the following partners for their ongoing time commitment and dedication to this initiative.

Health directors, health policy analysts, front-line health workers, elders and patient representatives from the:

Assembly of First Nations
Inuit Tapiriit Kanatami
Métis National Council

Health directors and front-line health care providers from the:

First Nations and Inuit Health Branch, Health Canada
Public Health Agency of Canada
Canadian Association of Provincial Cancer Agencies (via the CAPCA Reference Group)
Provincial cancer agencies
Canadian Cancer Society
Saint Elizabeth
Heart and Stroke Foundation

For further information about the action plan, please contact the following individuals at the Canadian Partnership Against Cancer:

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Partner organizations

The partner organizations including those represented on the advisory committee hold a number of responsibilities related to cancer control in First Nations, Inuit and Métis populations. Some of the key responsibilities are outlined below.

Assembly of First Nations	The Assembly of First Nations is the national organization representing First Nations citizens in Canada. The AFN's Health and Social Secretariat (HSS) works with the National First Nations Health Technicians Network (NFNHTN) and the Chiefs Committee on Health (CCOH) to advocate for and advance First Nations health policy. The HSS is responsible to protect, maintain, promote, support, and advocate for our inherent, treaty and constitutional rights, (w)holistic health, and the well-being of our nations. This will be achieved through policy analysis, communications, and, most importantly, lobbying on behalf of, representing, supporting, and defending First Nations' communities and individuals to ensure properly funded services and programs are delivered at the same level enjoyed by all Canadians. The ultimate goal is First Nations' control of the development and delivery of all health and social services, and programs. The AFN receives its mandates through resolutions passed by the Chiefs in Assembly.
Inuit Tapiriit Kanatami	Inuit Tapiriit Kanatami (ITK) represents Inuit across four Inuit land claim regions: Nunatsiavut (northern Labrador), Nunavik (northern Québec), Nunavut and the Inuvialuit settlement region of the Northwest Territories. ITK's Department of Health and Social Development advocates for health policy federally and works with the land claim areas' health departments through the two committees: the National Inuit Committee on Health and the Public Health Task Force.
Métis National Council	The Métis National Council represents the historic Métis Nation in Canada at both the national and international levels. It receives its mandate and direction from the elected leadership of the Métis Nation governments from Ontario westward. The national Board of Governors governance structure consists of the President of each of the Governing Member Organizations (namely: the Métis Nation British Columbia, Métis Nation of Alberta, Métis Nation – Saskatchewan, Manitoba Métis Federation and Métis Nation of Ontario), as well as a President who is elected by the MNC General Assembly. The Métis National Council has a Minister of Health who is also a Board of Governors. The Minister chairs the National Métis Health Committee which consists of two representatives per Governing Member: the provincial Minister of Health and the Director of Health. The Committee performs an advisory function and provides input into national policy development and initiatives.
First Nations and Inuit Health Branch, Health Canada	First Nations and Inuit Health Branch, Health Canada supports the delivery of public health and health promotion services on-reserve and in Inuit communities, and provides drugs, dental and ancillary health services to First Nations and Inuit people regardless of residence. The Branch also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available
Public Health Agency of Canada	As the federal lead for public health, the Public Health Agency of Canada (PHAC) provides funding, leadership and coordination in the areas of health promotion, health surveillance, population health assessments, emergency preparedness and response, capacity building and disease

	and injury prevention. In the area of chronic disease prevention and control, and in particular cancer prevention, PHAC collaborates with key partners: to monitor trends and assess risk factors to understand the nature of cancer in Canada; to support community-based prevention approaches directed to underserved populations; to identify and test effective interventions; and, to encourage stakeholders and public health decision makers to apply the knowledge gained and put into action effective programs, policies and practices. The Agency has identified Aboriginal and Northern populations as key priority populations and supports coordinated and collaborative program approaches that contribute to improved health outcomes and reduced health inequalities for these populations.
Canadian Association of Provincial Cancer Agencies	The Canadian Association of Provincial Cancer Agencies (CAPCA) is an inter-provincial organization representing provincial/territorial cancer agencies and programs that are responsible for reducing the burden of cancer on Canadians. CAPCA provides leadership, collaboration, communication and advocacy for cancer control.
Canadian Cancer Society	Provincial divisions of the Canadian Cancer Society (CCS) have initiated various projects to specifically address the needs of First Nations, Inuit and Métis communities. Such projects include the Screening Saves Lives lay health educator program, creation of a knowledge exchange network, and mobilizing cancer prevention activities.
Heart and Stroke Foundation	The Heart and Stroke Foundation was a key partner in the development of the Canadian Heart Health Strategy and Action Plan, of which improving Aboriginal Health is a key pillar. The Foundation has developed resources and programs to help First Nations, Inuit and Metis adults and children understand the risk factors for cardiovascular disease.
Saint Elizabeth	With a national team of more than 5,000 nurses, rehab therapists and personal support workers, Saint Elizabeth Health Care is a nonprofit charitable organization that delivers nearly five million health-care visits annually. Saint Elizabeth's educational platform, @YourSideColleague®, includes a Cancer Care course developed specifically with and for health-care providers working in First Nations communities. With support from the Partnership, the Cancer Care course is offered in five provinces (British Columbia, Alberta, Saskatchewan, Manitoba and Ontario) and will be expanded to all remaining provinces by March 2012.

Cole Bay, Saskachewan

CANADIAN **PARTNERSHIP**
AGAINST **CANCER**

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