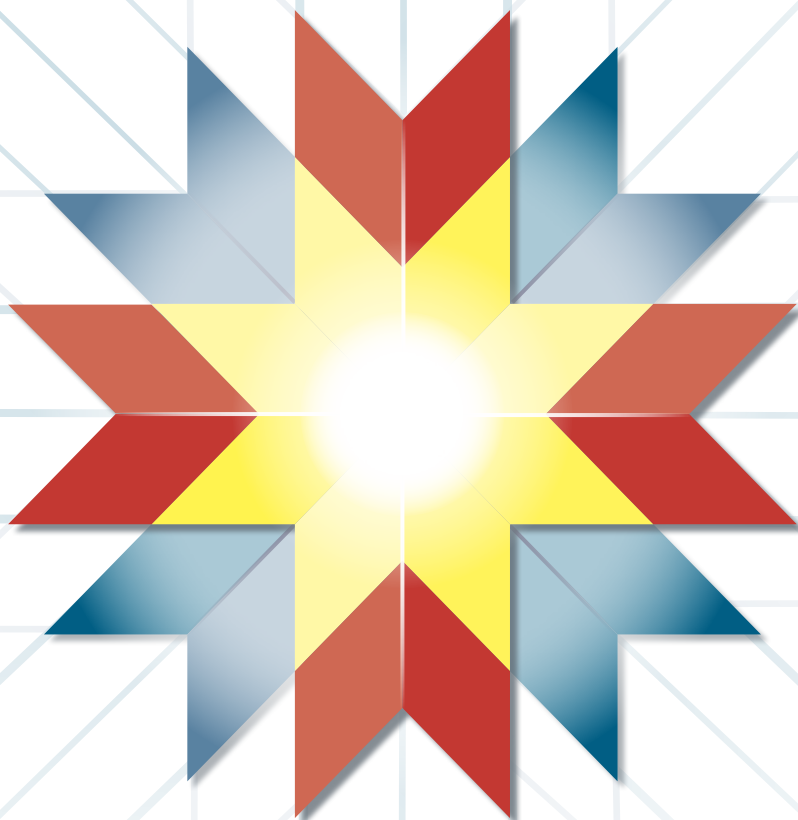


Walking Together to Strengthen
Indigenous Cancer Care in Alberta
Our North Star to Action

AHS Cancer Care Alberta 2023-2028

Walking Together to Strengthen Indigenous Cancer Care in Alberta Our North Star to Action; AHS Cancer Care Alberta 2023-2028

Alberta Health Services, Cancer Care Alberta
In partnership with many community, provincial, and AHS partners
May 2023



An aerial photograph showing a dark, winding river or stream flowing through a vast, dense green wetland. The vegetation appears to be tall grasses or reeds, creating a textured, vibrant green landscape. The river meanders from the top left towards the bottom right of the frame.

**Cancer Care
Alberta shares
a responsibility to
heal together with
Indigenous people. This
community driven
Action Plan guides
our next steps.**

Cancer Care Alberta's commitment to act

In the spirit of Truth and Reconciliation, Cancer Care Alberta recognizes that life expectancy for First Nations, Métis and Inuit living in Alberta is significantly lower than that of non-Indigenous Albertans. This is reflected in the reality that Indigenous people with cancer experience systemic issues in access, face racism in the healthcare system, are diagnosed later, and have poorer outcomes than their non-Indigenous neighbours. Cancer Care Alberta, in collaboration with health system partners, Indigenous organizations and governments, and most importantly, Indigenous communities, people, Elders, and Knowledge Keepers has a responsibility to work collaboratively to change this.

We recognize the immense strengths and importance of traditional knowledge, medicines, ceremonies, communities, and environmental stewardship that have been passed through many generations. We also recognize the systematic oppression and cultural genocide that has been governmental policy and part of colonial structures in Canada and Alberta for the last 150 plus years.

Over the last 3 years, relationships have been built with many communities, organizations, and individuals. We are grateful to them for the gifts of their time, wisdom, and willingness to partner, as well as share their stories, and guidance in developing a community driven Action Plan.

CCA is committed to transformative action that results in Indigenous Peoples receiving timely diagnosis, feeling safer and welcome at all cancer centres, experiencing high satisfaction with their care, and achieving survival rates consistent with those of non-Indigenous Albertans.

Change is happening and will continue through a focus on building and earning trust, nurturing relationships, listening, and adapting, and working together as guided by this Action Plan. This will take time. We are committed to continuing in our joint efforts, grounded in cultural humility, and respect for First Nations, Métis, and Inuit ways of knowing and traditional knowledge.

Thank you to all who have participated in this work and brought their gifts, their hearts, and their unwavering determination to make a difference. We are committed to walking together.

Brenda Hubley
Chief Program Officer
Cancer Care Alberta

Dean Ruether
Senior Medical Officer
Cancer Care Alberta

Alberta Health Services
Cancer Care Alberta (CCA)
delivers specialized cancer
diagnostic, treatment,
supportive, and follow up
care in 17 sites comprising
2 tertiary centres in Calgary
and Edmonton, 4 regional
centres, and 11 community
cancer centres. These
sites are located across
the ancestral and current
lands of the First Nations
of Treaties 6, 7 and 8,
the Citizens of the Métis
Nation of Alberta, and the
8 Metis Settlements. CCA
also provides care to many
urban Indigenous people
and Inuit living in Alberta.

Gratitude and acknowledgments

This is work of the heart and requires many people coming together to start taking the actions needed to strengthen Indigenous cancer care in Alberta. This is community driven, and the Walking Together team wishes to acknowledge that none of this would have been possible without the many First Nations and Métis Elders, communities, health teams, Health Directors and leaders, community leadership and organizations, as well as teams across Alberta Health Services who have partnered with Cancer Care Alberta, and the CCA Walking Together team.

Honouring Elders

Elders and Knowledge Keepers are the connection that keeps the circle whole. We seek guidance and support from them as they are the keepers of tradition, language, history, stories, culture, medicines, wellness, and ways of being. Elders help remind us of our foundation and our strengths, especially when we lose our footing, or our home fires burn less brightly. Elders help us to reignite our home fires and light the path forward when we regain our footing. Despite what has happened in the past, Elders and Knowledge Keepers have kept their languages, cultures, histories, medicines, spirituality, and knowledge alive and are the centerpiece of revitalization today.

Elders are our family members, friends, teachers, doctors, historians, healers, and guides. The Walking Together team is grateful beyond words for the trust, knowledge, humor, and guidance that has been shared with us along this journey. Elders and Knowledge Keepers have walked this path with us every step of the way, and without their gifts, we would not have been able to take the first step.

Building on the work of many

While this Action Plan is a step forward, it is in no way the beginning of work to improve experiences and outcomes of First Nations and Métis people, and Inuit (FNMI) seeking cancer care in Alberta.

Individuals and teams have been working for years to understand the issues and advocate for the actions needed to provide First Nations, Métis, and Inuit patients and families with the care they need, in the way they need it, when and where care is needed. We are grateful for all that work and recognize and honour the responsibility of CCA to incorporate these important learnings into ongoing actions for change.

CCA is rooted in the expansive and critical work of many others including, but not limited to:

- The [Alberta Baseline Assessment Report](#) and [Culturally Safe Cancer Pathways](#) report by the Alberta First Nations Information Governance Centre (AFNIGC).
 - The [Truth and Reconciliation Commission of Canada: Calls to Action](#).
 - The [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#).
 - The [AHS Patient First Strategy's](#) main objective to strengthen AHS's culture and practices to ensure patients and families are at the centre of all health care activities, decisions and teams.
 - The [AHS Indigenous Health Commitments: Roadmap to Wellness](#) vision of health equity with and for Indigenous Peoples in Alberta.
 - [National Priorities for Canada's cancer system](#) including [priorities \(6-8\) specific to First Nations, Inuit and Métis](#) (Canadian Partnership Against Cancer)
 - The [Calgary Zone Indigenous Health Action Plan](#)
 - The [Alberta Cancer Plan to 2030](#)
-
-

Recognizing the many gifts

Moving this work forward is only possible because of the relationships built with individuals, communities, and organizations. We are immensely grateful for the gifts of partnership, advice, guidance, support, and learnings that have come out of many conversations over the past few years. Our partners are highlighted in the map on pages 8-9, and more information about each partner and our work together can be found starting on page 24.

We are thankful to CCA leadership for the commitment and support to move forward with this work. We are also grateful to the Canadian Partnership Against Cancer (CPAC) for the grant that funded this work over the last 3.5 years and for the opportunities they provided to connect, share, and learn with other teams doing work of this kind across Canada.

Hiy Hiy | Maarsii | Ish Nish | Īsniyés | Tsii tsii maa tsii iip | Qujannamiik | Thank You

A living process

Lastly, we wish to acknowledge that despite our best efforts, we will not have gotten everything perfectly right in this Action Plan. We own any errors in this document and we will make any corrections needed as our understanding continues to evolve. The work to make improvements will continue.

21 community and local and **10** province-wide groups partnering through the project

1 launch meeting attended by over

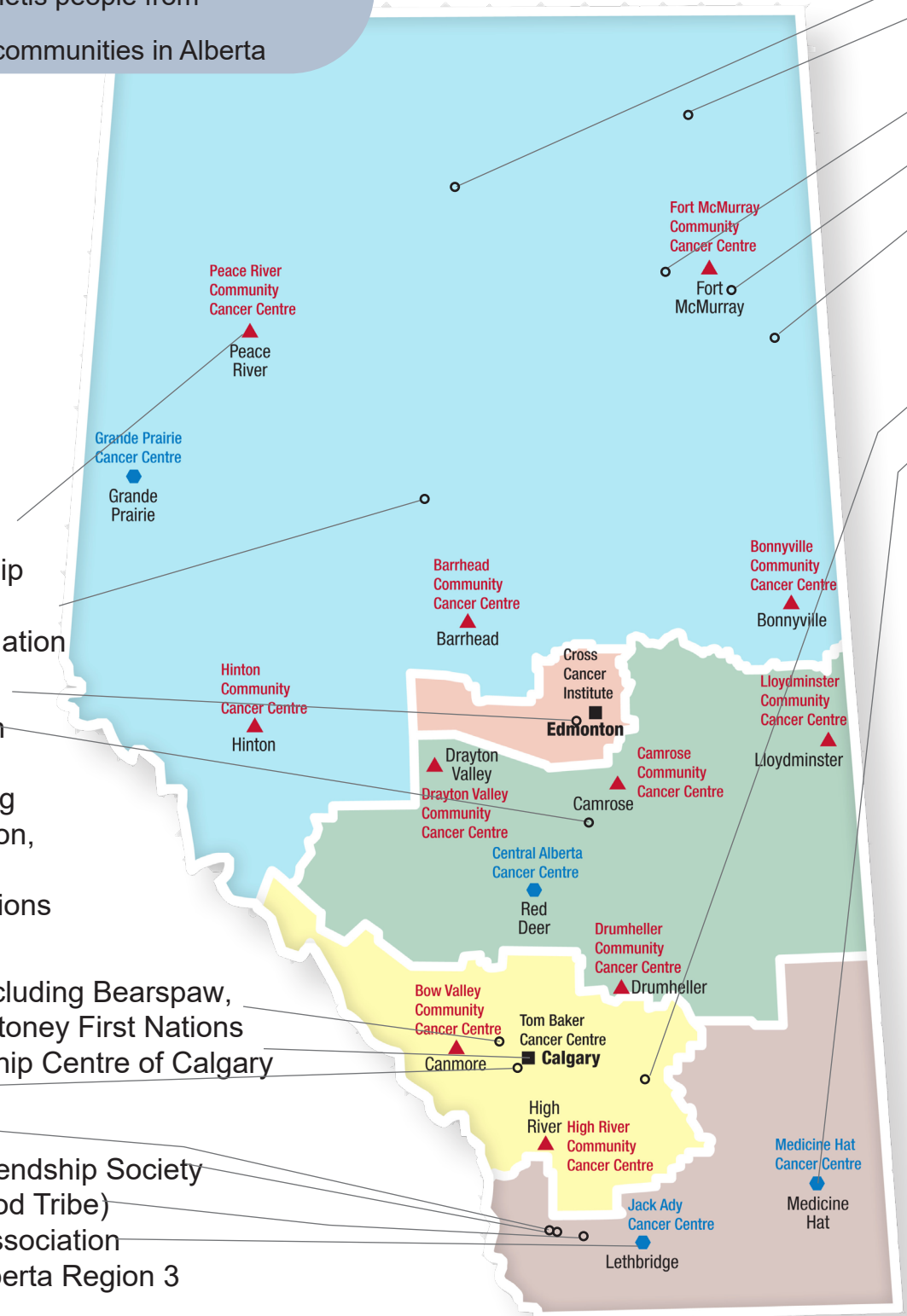
75 First Nations and Métis people from

38 organizations and communities in Alberta

- Sagitawa Friendship Society
- Swan River First Nation

- Enoch Cree Nation
- Maskwacis Health Services supporting Ermineskin, Samson, Louis Bull and Montana Cree Nations

- Stoney Nakoda Including Bearspaw, Chiniki and Goodstoney First Nations
- Aboriginal Friendship Centre of Calgary
- Tsuut'ina Nation
- Piikani Nation
- Sik Ooh Kotoki Friendship Society
- Kainai Nation (Blood Tribe)
- Napi Friendship Association
- Métis Nation of Alberta Region 3



Map: Partnering to Listen, Share, Learn and Develop

- Little Red River Cree Nation
- Mikisew Cree First Nation
- Fort McKay First Nation
- Fort McMurray First Nation
- Chipewyan Prairie First Nation
- Métis Local 125
- Blackfoot Confederacy Tribal Council
- Siksika First Nation - Siksika Health Services
- Miwassin Friendship Centre

Organizations reaching across wide areas of the province

- Alberta First Nations Information Governance Centre
- Alberta Native Friendship Centres Association
- Métis Nation of Alberta Provincial Health Department
- Metis Settlements General Council (MSGC)
- Wellspring Alberta
- Alberta Health Services (AHS)
 - Cancer Prevention and Screening Innovations
 - Cancer Strategic Clinical Network
 - Indigenous Wellness Core
 - North Zone Indigenous Health Program
 - Screening Programs

CCA delivers specialized cancer diagnostic, treatment, supportive, and follow up care in these 17 sites comprising:

- 2 tertiary cancer centres (1 each in Calgary and Edmonton)
- ◆ 4 regional cancer centres
- ▲ 11 community cancer centres

15 conversations in northern Alberta

22 conversations in central Alberta

38 conversations in southern Alberta

10 Sharing Circle gatherings that connected organization partners working in the intersecting space of Indigenous cancer wellness



In this action plan

Cancer Care Alberta's commitment to act	5
Gratitude and acknowledgments	6
Honouring Elders	6
Building on the work of many.....	6
Recognizing the many gifts	7
A living process	7
A bird's eye view and executive summary	12
Taking action is a cancer care priority	15
Aims of this Action Plan.....	15
Cancer, inequity, racism, and a better way forward	16
Inequity in cancer care	16
The Current reality of the First Nations and Métis experience with cancer:.....	16
Systemic racism, discrimination, and bias	18
There is a better future	18
Working together 2019-2023	21
Working with community partners	23
Challenges, strengths, and opportunities	39
We listened and heard.....	40
Changing practice along the way	42
Key areas for action in 2023-2028	44
Enhancing relationships with Indigenous patients, families, organizations, communities, community leadership, and community health centres.....	46
Co-creating shared, meaningful knowledge and understanding.....	48
Fostering safer, welcoming, and supportive cancer care environments.....	50
Enhancing access, inter-jurisdictional collaboration, and continuity of cancer care.....	54
Forward together	59
References	60
Appendix A - What we heard in greater detail.....	62

A bird's eye view and executive summary

Walking Together to Strengthen First Nations, Métis, and Inuit Cancer Care in Alberta **Our North Star to Action**



Building Relationships to Guide Action

Between November 2018 and December 2022 Cancer Care Alberta worked in partnership to build this Action Plan with community partners and take action on some priorities along the way.

The focus first and foremost was on building relationships and trust with partners. These relationships led to 75+ conversations with 21 First Nations, Métis, and urban Indigenous communities and organizations.

Each conversation was summarized and offered back to partners for feedback and confirmation before being synthesized into high level themes that describe the realities of cancer as a First Nations or Métis person in Alberta.



Community Elders, members, and health staff shared with us and we heard:

- Cancer is an important issue that we need to work together on. Building relationships and taking action will take the time it needs to move forward.

- People didn't used to get

CCA is committed to taking action in these key areas

with the aim that Indigenous Peoples facing cancer in Alberta will:

- Be diagnosed as early as possible.

cancer in the community. People are afraid of cancer, and many believe it's a death sentence. There is also hope.

- People are afraid of health care facilities. It's important to create safe, welcoming spaces. In doing that, it's critical to understand that we are not all the same.

- Spirituality, culture, connection to ancestors, the land, and Elders give strength and help many Indigenous people along the healing journey. Traditional Healing is powerful and a right.

- Indigenous people experience health inequities that affect cancer incidence, cancer care, and cancer outcomes. Intentional action is needed to continue moving toward equitable, non-racist, access and approaches to wellness, diagnosis, care, and treatment.



Enhancing relationships with Indigenous patients, families, organizations, communities, community leadership, and community health centres through consistency, respect, and cultural humility

Relationships and trust are the foundation that makes all efforts in this work possible and, therefore, must be addressed first. CCA recognizes the importance of Elders, Knowledge Keepers, culture, and Protocols in building and sustaining relationships with Indigenous individuals and communities.

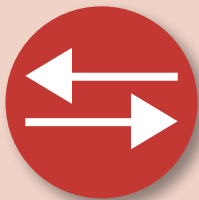
- Feel safer and welcome at cancer centres.
- Be highly satisfied with the cancer care they receive.
- Complete cancer treatment and have survival rates consistent with those of non-Indigenous people.

Co-creating shared, meaningful knowledge and understanding



Cancer is scary and people hold strong beliefs about it that can result in shame, fear, and worry. There is also hope as care has evolved and more people than ever before are seeing good results. Community partners are seeking information around all aspects of cancer care to better support community members. Information must be developed with the community, with Elders, with local cultural and traditional stories, supports, and approaches to health.

Enhancing access, inter-jurisdictional collaboration, and continuity of cancer care



Access to health services is challenging. Indigenous patients and families must regularly overcome many additional barriers to access the care they need and are entitled to. Working across provincial, AHS, community, and federal care systems is central to people accessing the care when and where it will be most helpful and timely.

Fostering safer, welcoming, and supportive cancer care environments



When we speak of safer, welcoming, and supportive cancer care environments, we acknowledge that safety applies to both the physical space and the people providing care. It is therefore vital that CCA work to address both.

Forward Together



CCA is grateful for, and humbled by, the collaboration of our many partners. CCA will continue to grow as we implement this Action Plan from 2023 through 2028, and beyond. Creating lasting change involves all of us, and we are walking forward together to strengthen Indigenous cancer care in Alberta.



**“AHS
recognizes that
healthcare services
for Indigenous people
are often fragmented and
difficult to navigate for patients
and providers and that large
inequities and disparities in
health exist.”**

**-Alberta Health Services,
2020**

Taking action is a cancer care priority

“Cancer is not ours” is a statement shared by a circle of grandmothers and grandfathers through an Elder to describe the relative non-existence of cancer among Indigenous Peoples in the pre-colonial era across Turtle Island. In the many generations since, cancer has found its way into Indigenous families with complete disregard for its history as an unknown disease.

Canada’s many public systems are built upon a foundation of colonialist ideals and processes. These ideals and processes create an environment of power imbalances, biases, and systemic racism that continue today. Prime examples of this include the Indian residential and day school system, Indian hospitals, forced nutrition experiments, and coerced or forced sterilization. Systemic racism exists across healthcare systems in Canada and results in unjust negative impacts on Indigenous Peoples and their health. This includes but is not limited to hesitation to seek care, delays in diagnosis, loss of access to appropriate care and treatment, physical and emotional trauma, and poor health outcomes. Cancer care is not immune to these structural barriers and resulting impacts on Indigenous Peoples and health.

While cancer is diagnosed in people of all ages, it’s more likely to occur in older adults. With respect to older Indigenous adults, many of the people facing a cancer diagnosis today are the same ones who experienced one or more of these oppressive systems. Our current structures maintain health inequities experienced by Indigenous people seeking care, and people must overcome considerable barriers to access and continue cancer care.

CCA is working to strengthen Indigenous cancer care. We have made some changes and we know we can do better now, and for future generations.

Knowing this, CCA has spent the last 3.5 years connecting with community partners, listening, learning, and co-developing this Action Plan to guide changes as we go forward together.

Aims of this Action Plan

The Action Plan is designed to support organizational change in CCA and collaborative action with Indigenous community and organizational partners to strengthen cancer care so that Indigenous Peoples in this province:

- Are diagnosed with cancer at the earliest stage.
- Feel safer and welcome at cancer centres.
- Experience high satisfaction with their cancer care.
- Complete cancer treatment and have survival rates consistent with those of non-Indigenous people.

Cancer, inequity, racism, and a better way forward

Inequity in cancer care

Indigenous Peoples face multiple layers of barriers accessing healthcare.

Some of these barriers, such as geography, can limit access to effective cancer care because of the need to travel great distances. Other barriers related to the social determinants of health, such as income, can also negatively impact the ability of Indigenous people to travel to appointments and afford medications and supplies that are not covered by Non-Insured Health Benefits (NIHB) or provincial benefits

Health Equity

Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

(Ontario Health, 2020).

(Nguyen et al., 2020). Perhaps the most significant barrier to care faced by Indigenous Peoples is the colonial structure that provides the foundation of our healthcare institutions. Systemic racism, discrimination, political and economic inequities, and harmful policies are all firmly rooted in colonialism (Nguyen et al., 2020). Our health system reinforces and contributes to health inequities and trauma through structural rigidity, lack of understanding, racism, and conscious and unconscious biases.

FNMI individuals in Canada are often diagnosed with later stage cancers, have a greater burden of action to get cancer care and treatment, and a worse prognosis once diagnosed with cancer than non-Indigenous people. We must face this reality and the reasons for inequity of cancer incidence and outcomes.

The Current reality of the First Nations and Métis experience with cancer:

In Canada

- Cancer rates in First Nations people are growing faster than non-Indigenous Canadians, and First Nations people are more often diagnosed with later-stage cancers and experience worse outcomes (CPAC, 2013).
- Métis people are more likely to be diagnosed with lung cancer, and 30% less likely to survive lung cancer 5 years following diagnosis than non-Métis people (CPAC, 2020).
- First Nations people are 35% less likely to survive lung cancer 5 years following diagnosis, despite experiencing similar incidence rates with non-First Nations people (CPAC, 2020).

In Alberta

- In 2013 in Alberta, life expectancy for First Nations people (72.5) was 10 years less than non-First Nations people (82.1) (AFNIGC, 2016).
- The most common types of cancer diagnosed in First Nations and Métis people in Alberta are: breast, lung/bronchus, colorectal, and prostate (AFNIGC, 2017; Cromarty et al., 2022). This is in line with the most common cancers experienced by non-Indigenous Albertans.
- Métis women were diagnosed with lung/bronchial cancers at a rate 1.7 times higher than non-Métis women in Alberta (Cromarty et al., 2022).
- Between 2013 and 2019, young Métis Albertans were significantly more likely to be diagnosed with cancer compared with non-Métis Albertans of the same age. During this time, 35.8% of new cancer cases occurred in Métis Albertans under age 44, compared with 18.8% in non-Métis Albertans under age 44 (Cromarty et al., 2022).
- Cancer is the leading cause of death among Métis women and the second leading cause of death among Métis men (CPAC, 2014).

There are many issues related to cancer surveillance data in Indigenous populations. These issues may result in underestimated incidence, mortality, and survival rates among Indigenous Peoples. This may contribute to policies and priorities that do not align with the cancer realities facing Indigenous Peoples (Sarfati et al., 2018).

The available data tells part of the story. The part of the story that comes through clearly is that there are inequitable outcomes for Indigenous Peoples experiencing cancer across Canada, and Alberta is no different. The rest of the story remains incomplete, however, as race-based health data is not collected by practice in Canada. Without high quality health data specific to FNMI populations, solutions are being sought without necessarily understanding the issues.

A note on data sovereignty: historically, non-Indigenous researchers have taken FNMI data from communities and individuals without asking, without following Protocols, without partnership, and without consultation regarding the meaning of the information. These actions have been perpetuated by non-Indigenous research organizations and granting agencies. Through the processes of Ownership, Control, Access, and Possession (OCAP®), Principles for Ethical Métis Research, and the National Inuit Strategy on Research, FNMI communities are exerting control over their data and ensuring that “nothing about us without us” is the path forward.

Systemic racism, discrimination, and bias

Our first step during this work was to listen. We heard stories of racist and discriminatory behaviour towards Indigenous patients, families, and staff throughout healthcare. There were stories about ceremonial items being thrown out, of having symptoms that were minimized by healthcare providers, of being labeled “non-compliant” for questioning treatments, or “drug-seeking” for seeking pain management, and of entire communities avoiding certain hospitals/cancer centres and choosing to travel potentially great distances to access care they feel is safer.

Several studies in recent years across Canada have echoed the stories shared with us during this project. For a deeper dive into some of the wide-reaching impacts of racism in healthcare in Canada, you may consider referring to:

[In Plain Sight](#)

[First Nations status and emergency department triage scores in Alberta: a retrospective cohort study](#)

[Prevalence and characteristics of anti-Indigenous bias among Alberta physicians: a cross-sectional survey and framework analysis](#)

[Increased access to Culturally Safe Cancer Care Pathways by Alberta First Nations in rural and isolated communities](#)

There is a better future

Despite this stark reality, we can move forward in a good way. Taking steps to decolonize¹ and Indigenize² cancer care, and co-developing strategies to overcome structural barriers with Indigenous partners can help us take the next step. Racism, unconscious bias, and structural barriers can change. We can learn from community partners and grow inclusion and safety step by step in collaboration with our partners. Together we can find ways to increase safer, welcoming, and supportive cancer care that reduces cancer health inequities.

¹Decolonizing at its core is about undoing colonial structures. In the Canadian context, this refers to Western European ways of knowing, being, believing, and doing as being considered the standard while anything outside of this is the “other”. Decolonization is a process and not a product (Centre for Teaching and Learning, Queens University, n.d.)

²Indigenization refers to the addition of Indigenous elements, beyond tokenism, to meaningfully change practice (Centre for Teaching and Learning, Queens University, n.d.)





Working together 2019-2023

As we began the work of finding ways to improve the experiences and outcomes of Indigenous Peoples facing cancer in Alberta and building this Action Plan, we were guided by the importance of:

- Partnering with First Nations and Métis people and communities to fully understand concerns and priorities, and co-developing actions that support positive change.
- Exploring, identifying, and embedding equitable and holistic care strategies that create safer and welcoming care environments across CCA.
- Acknowledging systemic racism, discrimination, and micro-aggressions faced by Indigenous Peoples as patients and healthcare providers and working in the spirit of reconciliation to strengthen supportive approaches to help reduce health inequities in cancer care.

CCA has focused first and foremost on building relationships because this work must be community driven. We have connected with First Nations communities, Métis governments and organizations, and urban Indigenous organizations.

In alignment with the guidance of our community partners, CCA Indigenous colleagues, the AHS Indigenous Health Commitments: Roadmap to Wellness, past learnings, and other key work outlined earlier, we have sought to:

- Develop understanding of personal experiences and community services from many First Nations and Métis partners.
- Take our direction from these partners on important community cancer care priorities and what we can work on together.

“The cancer care journey for our Nation members can be painful and lonely creating uncertainty for individuals and families. Within our Nation and reflected in Niitsitapiisini (Our way of life) is the strong connection to one another. When an Indigenous community member is diagnosed with cancer, the management and fight is considered a collective issue, and not just an individual diagnosis. The healing starts by aligning cultural protocols and traditions both in the environments we create such as the new Calgary Cancer Centre and, in the interactions and meaningful engagement we have with cancer care providers. Great opportunities and possibilities exist when we collaborate, focus on improving the lives of others, through dignity and respect as individuals who are experiencing the adversities of a cancer diagnosis. Siksika Health Services and Siksika Nation are honoured to be a part of the Walking Together To Strengthen Indigenous Cancer Care project. As we listen, share, and work together we can transform where we are today to improve the future in cancer care for Indigenous persons.”

Naa Taoyi Piita Wo Taan
Dr. Tyler White, CEO Siksika Health Services

This relational, community guided way of working is foundational to all actions taken since 2019 and to the Action Plan to guide efforts to strengthen Indigenous cancer care in Alberta beyond March 31, 2023.

The process requires a strong commitment to:

- Consistent people and messages, as well as showing up over time to grow trust and open dialogue.
- Transparency, respect, and listening.
- A holistic approach inclusive of Indigenous and western biomedical world views.
- Patience over time, as all partners navigate multiple priorities and demands.

We launched this work in the fall of 2019 with a large gathering of people from First Nations communities, the Metis Settlements General Council, Métis Nation of Alberta, Alberta First Nations Information Governance Centre, Alberta Health Services, and provincial and federal portfolios that support Indigenous health. The in-person launch lasted a day and was full of conversation, information, and ideas.

COVID impacted all aspects of this work shortly after the launch. Over time we were able to begin reconnecting virtually as opportunities arose. Opportunity varied for community partners based on their front line

service requirements and staffing capacity. We sought to work at a pace that was manageable alongside local work. We

eventually expanded connections to 21 community organizations and will continue to extend the reach of relationships with interested communities as a core part of action beyond March 2023.

Cancer care is a large continuum of services provided by many teams and organizations (see the continuum of cancer care below).

“Just because we put Indigenous in front of it.....does not make it so” Often I find that programs and initiatives within institutions are renamed, and it’s assumed that they now are inclusive and respectful to the Indigenous community. A truly helpful, built for success program, resource, or service provider takes the time to create a helping relationship through healthy, honest communication which allows for the sharing of ideas, concerns, and issues. My Mushum taught me to always “talk my talk and walk my walk” which I have taken to mean that if my life purpose is Oscapious (helper), I must make every effort to learn about, listen to, and engage those whom I want to help. The cancer journey is painful and confusing, and therefore the CCA must also make this extended effort to truly walk with those we serve. Hiy Hiy”

Maxine Elter, B.Ed. Family Program
Manager, Sagitawa Friendship
Society

In working to explore ways of strengthening cancer care across this continuum many groups working in the space of Indigenous health and cancer care also came together to enhance connections, foster, and draw out learning, and try to reduce disconnection and gaps. This group met quarterly in the form of a Sharing Circle of equals.

The continuum of cancer care includes:

- **Programs and services** – promote wellness and seek to reduce the risk of a cancer diagnosis. Wellness programs can include a broad focus of things including spiritual practices, physical movement, nutrition, and more. Community health centres and local organizations are critical to understanding and promoting wellness in meaningful ways. Wellness is impacted by where and how we live, and the social determinants of health are something for which all levels of government are responsible.
 - **Cancer screening** – plays a large part in the potential to prevent some cancers by catching changes before they develop into cancer, and diagnosing cancer early when it is easiest to treat. Cancer screening looks for changes when there are no symptoms and in Alberta, population screening guidelines exist for cervical, breast and colorectal cancer. Lung cancer screening is being trialed. Community services, public health programs, and primary care all play a role in this area of cancer care.
 - **Getting to a diagnosis of cancer** – also an important part of cancer care. When people have symptoms they seek care from primary physicians, nurse practitioners, and emergency departments. Diagnostic testing like imaging, bloodwork, and biopsies are additional services that must work to ensure diagnosis is made in a timely way. Primary care, emergency, and diagnostic services, when available and working effectively, can help ensure a cancer diagnosis is made as quickly as possible improving the chances of effective treatment.
 - **Once diagnosed with cancer** – specialists are part of getting to a detailed understanding of the cancer, what can be done, and treatment options. Surgical specialists are most often the first to treat cancer and may be located outside of the 17 cancer centres, working from specialized hospital clinics. CCA is the primary source of radiation and systemic treatment for people with cancer in Alberta. Traditional Healers play a role for many Indigenous people.
 - **Once treatment is complete** – there is a long journey of healing that, depending on whether someone is traveling beyond cancer or with cancer, may require varied supports.
 - **Supportive services** – critical throughout cancer care to help support well-being emotionally, spiritually, physically, and practically (the needs of daily living). These range greatly and can be provided through cancer care, community organizations, and primary or community care services. These include dietitians, rehabilitation therapy services, psychology, Elders, Traditional Healers, home care, palliative care, social work, navigators and more.
-

Working with community partners

Our primary aim was to work with community partners to set a foundation of trust and understanding that, in ongoing relationships, could create a solid foundation to long term efforts. None of this would have been possible without community and local partners.

Maskwacis Health Services offers a wide range of services to cater for a variety of patient needs. MHS serves people of Ermineskin, Samson, Louis Bull and Montana Cree Nations. <https://www.mymhs.ca/>

MHS joined with AHS-CCA in walking together to strengthen Indigenous cancer care in July 2020. Walking together has only been possible because of amazing people: Eunice Louis – Health Consultant Liaison, who was the central force in our work together, and Randy Littlechild – MHS CEO, Peyasu Wuttunee – MCSS Manager, Carol Kennedy – Home Care Manager, Marilyn Rowan – Cultural Support Worker, and Bonny Graham – Community Health Manager, who were all invaluable MHS staff who organize, guide and keep us moving together amidst all the essential work they do day to day.

Connecting with community members and Elders who have been through cancer, and health staff who support people to reduce the risk of cancer, get cancer screening, and through cancer care and beyond, has fostered insight and direction to shaping this action plan. In the work together some of the key themes included:

- Many people felt alone through cancer and connection and supports for people facing cancer are important; and
 - Information that community members connect with, that reflects traditional wellness and local culture, and that supports people in making choices that are right for them is needed; and
 - Travel is challenging and facilitating care close to home whenever possible is important.
- All themes are reflected in the collective action plan guiding us forward together.



Between fall 2020 and March 2023 MHS has:

- Supported community members who face cancer through various services including medical transportation and home care; and
- Offered a monthly virtual Cancer Survivors Sharing Circle accessible by phone or zoom; and
- Co-created a brochure for community members who are diagnosed with cancer that offers supportive messages and an overview of AHS-CCA and MHS services they might consider; and
- Fostered a vision for and begun the effort of enhancing virtual collaboration between CCA and MHS care providers, and people facing cancer in the community, as well as starting to develop video appointments to support some cancer appointments at the health centre.

Stoney Health Services serves Bearspaw, Chiniki, and Goodstoney First Nations. They promote health, prevent injury and disease, and treat illness and injury to promote the wellbeing of all people. <https://stoneyhealth.com/>

Stoney Health Services joined with AHS-CCA in walking together to strengthen Indigenous cancer care in June 2020. Walking together has only been possible because of amazing people: Anne Malimban, Melinda Hubbard, and Aaron Khan were the central health centre forces in our work together exploring, organizing, guiding, and keeping us moving together amidst all the essential work they do day to day.

Connecting with Elders who have been through cancer, and health staff who support community members including in wellness and through cancer care has fostered insight and direction to shaping this action plan. In the work together, some of the key themes included:

- Community home care services are critical help and advocates for people going through cancer, and it is important to raise awareness of, and early connection with, the services.
- Whole families make the cancer journey, and everyone can struggle. Elders, spirituality, language, and ceremony are important to people facing cancer. People need Knowledge Keepers from their own culture and safe spaces in the cancer centres for ceremony and prayer.
- Touch can trigger or re-traumatize people. Cancer care staff need teaching and understanding around trauma.

All themes are reflected in the collective action plan guiding us forward together.

Between summer 2020 and March 2023 Stoney Health Services has:

- Supported community members who face cancer through services including home care and their strong working partnerships with the cancer care navigators, and medical transportation.
- Participated in the development of vision for making the new Calgary Cancer Centre supportive and welcoming to all Indigenous people who need cancer care there, which includes a number of specific areas for upcoming action together.
- Worked with Elders to understand what cancer information community members who face cancer need and how best to share it including collaborative development of bite size information, enhancing staff knowledge, and planning for community conversations.

Sagitawa Friendship Society promotes the enhancement of the quality of life of the people of Peace River through culturally based programs and services as guided. https://www.facebook.com/SagitawaFriendshipSociety/about_details



Courtesy of Maxine Elter

Sagitawa joined AHS-CCA in walking together to strengthen Indigenous cancer care in November 2020. Walking together has only been possible because of the efforts of Marissa Geldart and Maxine Elter, who guided, reached out, and made space for connection amidst all the essential work they do day to day. In discussion together some of the key themes included:

- Relationships are at the core of building trust and a place from which to understand people coming in for care. The best way to do this is to go out into the community – visit the friendship centre and others. Staff are welcome to visit, ask questions, and learn.
 - Cancer affects people in many ways beyond just the physical – there is emotional, spiritual, and relational. People need support in all these aspects to walk the journey.
- All themes are reflected in the collective action plan guiding us forward together.

Between fall 2020 and March 2023 Sagitawa has:

- As part of their ongoing work to foster wellness through many supports and programs, included a focus on making cancer screening more accessible for community members through persistent advocacy to seek manageable ways of navigating screening pathways in a place that has extremely limited access to primary care.
- Met with cancer care staff, including the Indigenous Cancer Patient Navigator based out of the Grande Prairie Cancer Centre, to further a sense of safe connections for community members going through cancer.

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The Blood Tribe Department of Health (BTDH) aims to improve, promote, and deliver accredited Health Services on the Blood Reserve and support Chief and Council in ensuring the protection of treaty health rights. <https://btdh.ca/>

BTDH joined with AHS-CCA in walking together to strengthen Indigenous cancer care in June 2021. Walking together has only been possible because of amazing people: Derrick Fox, and Lori Healy were fundamental in supporting the AHS-CCA vision in the quest to create a safe space for the Indigenous population. The partnership reflected on the vision to build on the project, organizing, guiding, and making space for us to move forward together amidst all the essential work they do day to day.

Reflecting amidst staff and connecting with people who have been through cancer fostered insight and direction to shaping this action plan. In the work together some of the key themes included:

- The journey that families experience when loved ones are touched by cancer. It affects the patient/family mental, physical, psychological and spiritual being. People need to have space for ceremony (Traditional, Christian, or otherwise) that is inclusive of family and their circle of care. This ceremonial space helps the patient and the loved ones that are walking with them in this journey.
- Language is so important. It would be so meaningful to have welcoming signs in Indigenous languages at key cancer care entries to help them feel safer and welcome.
- Cancer almost always led to death in the past. Although tests to find cancer early and cancer treatments have improved over time and many people live beyond cancer, some people see cancer as their fate. It is important to support people to see possibility and consider treatment.

All themes are reflected in the collective action plan guiding us forward together.

Between summer 2021 and March 2023 BTDH has:

- Supported community members who face cancer through various services, including community health and wellness, home care, and medical transportation.
 - Participated in the development of vision for making the new Calgary Cancer Centre supportive and welcoming to all Indigenous people who need cancer care there, which includes a number of specific areas for upcoming action together.
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Aakom-Kiyii Health Services ensures maintenance, delivery, and enhancement of quality health services for Piikani Nation. <https://aakomkiyiihealthservices.com/>

Aakom-Kiyii Health Services joined with AHS-CCA in walking together to strengthen Indigenous cancer care in September 2021. Walking together has only been possible because of amazing people: Patricia Yellow Horn, Harley Crowshoe, and Dustin Wolfe were the central health centre forces in our work together reflecting, organizing, guiding, and making space for us to move forward together amidst all the essential work they do day to day.

Reflecting amidst staff and people who have been through cancer fostered insight and direction to shaping this action plan. In the work together some of the key themes included:

- Spirituality, sacred connections, and Traditional Wellness are critical. It can help to prepare for cancer treatment through Traditional Wellness, start treatment in a better way, and get through treatment. It helps if staff understand this is important.
- Community members are often shy, modest and don't want to be a bother. This often means people don't ask questions or share when they don't understand what they are being told. People often do not understand their cancer diagnosis, what treatment is being offered, how it will affect them, and what options or supports they might have. Clinicians need to be more aware and thoughtful in how they share information and check with the patient.
- It is so important that care providers visit the community, know that mental health is part of the journey, really engage in meaningful conversation with communities and not wait until they are caring for someone who needs support in the community. Connecting and conversation is very powerful.

All themes are reflected in the collective action plan guiding us forward together.

Between summer 2021 and March 2023 Aakom-Kiyii Health Services have:

- Supported community members in relation to cancer through various services including community health and wellness, home care, and medical transportation.
- Participated in the development of vision for making the new Calgary Cancer Centre supportive and welcoming to all Indigenous people who need cancer care there, which includes a number of specific areas for upcoming action together.

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Siksika Health Services (SHS) offers comprehensive and holistic health services on the Siksika Nation. <https://siksikahealth.com/>

SHS joined with AHS-CCA in walking together to strengthen Indigenous cancer care in November 2021. Walking together has only been possible because of amazing leadership from Tyler White, the central community force in our work together exploring, organizing, guiding and keeping us moving together amidst all the essential work they do day to day.

Connecting with health staff and Elders who support community members including in wellness and through cancer care, has fostered insight and direction to shaping this action plan. In the work together some of the key themes included:

- Cancer care providers need to understand the trauma that many Indigenous people carry in their bodies, that having cancer can re-trigger trauma, and to provide care accordingly.

- We can be transformational in our work together, partnering in decision making, to make the new Calgary cancer centre safe and welcoming for community members far beyond the opening of the new cancer centre.
- Whole families make the cancer journey together. Elders, spirituality, traditional foods, cultural Protocols, traditions and ceremony are all important to people going through cancer and to the spaces in which cancer care is provided.

All themes are reflected in the collective action plan guiding us forward together.

Between fall 2021 and March 2023 SHS has:

- Supported community members who face cancer through various services including medical transportation and home care.
- Participated in the development of vision for making the new cancer centre supportive and welcoming to all Indigenous people who need cancer care there and which includes a number of specific areas for upcoming action together.
- Included various cancer prevention, early diagnosis and cancer treatment services/ supports including the community health fair.



Friendship Centres (south) - the following Centres support people in the south of Alberta:

- **Aboriginal Friendship Centre of Calgary (AFCC)** - <https://www.afccalgary.org/>
- **Napi Friendship Association in Pincher Creek** - <https://www.facebook.com/napifriendshipassociation/>
- **Sik Ooh Kotoki Friendship Society in Lethbridge** - <https://lethbridgefriendship.ca/>
- **Miywasin Friendship Centre in Medicine Hat** - <http://miywasincentre.net/>

Friendship Centres foster connection, have a strong understanding of the needs of the urban Indigenous community and offer a range of cultural and support services and programs.

These Friendship Centres joined AHS-CCA in walking together to strengthen Indigenous cancer care in December 2021 fostering time for sharing and reflection. Conversations have been possible thanks to Shane Gauthier, Melissa Roy, Krista Whyte, LeeAnne Sharp Adze, and others.

Connecting in conversation has fostered insight and direction to shaping this action plan. In conversation together some of the key themes included:

- It is important to include urban Indigenous Peoples. It is a big population and connecting is moving in the right direction as part of reconciliation.
- Including important plants like sage and sweet grass in outdoor space at the new Calgary cancer centre is important and a very positive opportunity.
- A designated space where Indigenous families can gather is important. There are many ways the rooms could be made to feel familiar and safe. Different Peoples have similarities and differences. Colours, power words, art, a bison robe, and stories from different First Peoples can help make the space more welcoming.

All themes are reflected in the collective action plan guiding us forward together.

Between late 2021 and March 2023 these Friendship Centres have:

- Participated in the development of vision for making the new Calgary Cancer Centre supportive and welcoming to all Indigenous people who need cancer care there, which includes a number of specific areas for upcoming action together.

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Tsuut'ina First Nation, west of Calgary, has many services and supports including the Dr. Thomas Murray Health Centre. <https://tsuutina.com/community-services/>

Tsuut'ina joined AHS-CCA on walking together to strengthen Indigenous cancer care in December 2021. Walking together has been possible thanks to Chief Whitney, Joel Fisher, the health team, and Elders.

Connecting with Elders who have been through cancer, and health leaders and staff who support community members has fostered insight and direction to shaping this action plan. In conversation together some of the key themes included:

- Home and palliative care is so important. The community home care team brings in care providers to help people after hours and on weekends when needed. This is unique and so valuable for cancer patients who need support at home in the community.
- In addition to appreciating and gaining help from western medicines many community members will rely on their own ways. Spiritual ways and symbols are helpful as people face the unknown with cancer. It is important to recognize the spiritual essence and energy of people.

- With cancer people often do not have a good sense of what cancer is and what treatments may or may not do or what supports there are. Health literacy is about how we help people understand what is happening and the options/treatments/supports so they can make informed decisions, and engage in wellness and care that is right for them. All themes are reflected in the collective action plan guiding us forward together.

Between fall 2021 and March 2023 Tsuut'ina has:

- Supported community members who face cancer through services including home care and medical transportation.
- Participated in the development of vision for making the new Calgary Cancer Centre supportive and welcoming to all Indigenous people who need cancer care there, which includes a number of specific areas for upcoming action.



Métis Nation of Alberta, Region 3 (MNA R3) is part of the Métis Nation of Alberta supporting Citizens and initiatives in Alberta south of Red Deer. The MNA promotes and facilitates the advancement of Métis people through the pursuit of self-reliance, self-determination, and self-management and provides a range of wellness-related supports. <https://albertametis.com/governance/mna-regions/>

MNA R3 joined AHS-CCA in walking together to strengthen Indigenous cancer care in February 2022. Walking together has been possible thanks to MNA R3's support and to Wynter Ducharme who generously has been reflecting, coordinating with staff and Elders, guiding, and making space for us to move forward together amidst all the essential day to day work of MNA R3.

Connecting with Elders who have been through cancer, and MNA R3 staff, has fostered insight and direction to shaping this action plan. In conversation together some of the key themes included:

- Continued partnership over time and beyond the opening is important. The MNA has responsibility to care for the profile of Métis people in cancer care and to support Citizens going through cancer.
- It is very important to include urban Indigenous people and to recognize diverse Indigenous Peoples as there are differences and people will find comforting connection to things that represent their culture.
- Entering a cancer centre is very stressful for new patients, as is navigating the building in the first visits. People are scared to ask questions, and some may be avoiding getting treatment.

All themes are reflected in the collective action plan guiding us forward together.

Between winter 2022 and March 2023, MNA R3 has:

- Participated in the development of vision for making the new Calgary cancer centre supportive and welcoming to all Indigenous people who need cancer care there, and which includes a number of specific areas for action together.

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Enoch Cree Nation Health Services focuses on building a healthy community through internal health services and external health partnerships. <https://enochnation.ca/portfolio-items/miyo-machihowin-health-watihkwan-branch/>

Enoch Health Services joined AHS-CCA in walking together to strengthen Indigenous cancer care in March 2022. Walking together was made possible by Colleen McDonald who was the central force in local organization, reflection, and making space for us to connect amidst all the essential work they do day to day.

Conversation with community health staff fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- Addressing racism in the health care system is critical. Many First Nations people face racism when trying to address a health issue and people will avoid going to doctors because of treatment they or others have dealt with.
- Safe spaces that include cultural components are needed by families when they are facing cancer. This includes space where spirituality can be practiced safely and people can connect.
- Traditional Healing is important for many First Nations people. Not all people are traditional but sometimes people who are not also start to explore Traditional Healing and may need support to find Traditional Healers and approach them in a good way.

All themes are reflected in the collective action plan guiding us forward together.

Mikisew Cree First Nation Health runs programs focused on health promotion, prevention of health risks and secondary care for members of their communities. https://www.mikisewcree.ca/departments-directory/?doing_wp_cron=1681853212.5147149562835693359375

Mikisew Cree First Nation Health joined AHS-CCA in walking together to strengthen Indigenous cancer care through a conversation in March 2022. We are grateful to Lori Brebant for the chance to meet and conversation that fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- Care spaces and the staff providing care are both potential points of stress and fear. Care spaces are often institutionalized and could be more warm and welcoming so as to be less intimidating. Racism and lack of cultural sensitivity are experienced by community members in accessing healthcare broadly. It was suggested that education and training to prevent this and improve staff care of First Nations patients should be part of all new staff onboarding.
- Looking at cancer risks especially in relation to industry is also important in north-eastern Alberta with all of the industry in that part of the province.
- Support from people who have been through cancer and from Elders can be so very important.

All themes are reflected in the collective action plan guiding us forward together.

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Chipewyan Prairie First Nation (CPFN) Health Services Department provides community-based health services to promote, support and encourage the physical, mental, social, and spiritual health of community members. <https://www.cpfn.ca/departments/health-services>

The CPFN Health Services Department joined AHS-CCA in walking together to strengthen Indigenous cancer care in April 2022. Walking together has only been possible because of Marie Janvier, Community Health Representative (CHR), who was the central force in local organization, reflection, and making space for us to connect amidst all the essential work they do day to day.

Reflecting amidst staff and connecting with people who have been through cancer fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- Many people get their specialist care in Edmonton and that is a very long trip. Medical transportation helps for people with Treaty status but it is difficult for non-treaty community members who need to travel for care and is something that needs to be worked on. In bad weather people cannot drive.
- Local health centre staff are critical supports including a nurse, CHR, and pharmacist. They help navigate the health system, get and talk through information with patients and families, advocate for access and timeliness of services, and provide broad support through cancer care including in the time of figuring out what is wrong.
- Medical cancer treatments may or may not be right for individuals. It's important to get good information about any medication, including what it is meant to do for the patient and possible side effects, so people can chose what is right for them. Some people want and use Traditional Healing and Medicines.

All themes are reflected in the collective action plan guiding us forward together.

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Fort Chipewyan Métis Local 125 works to empower members and preserve community, lifestyle and culture. <https://fortchipmetis.ca/>

Métis Local 125 joined AHS-CCA in walking together to strengthen Indigenous cancer care through a conversation in April 2022. We are grateful to Kendrick Cardinal and Tammy Riel for the chance to meet and discuss the project and the continuum of cancer care inclusive of many services, people, organizations, and approaches including medical, cultural, spiritual and practical. Conversation confirmed cancer is a meaningful issue and fostered insight and direction to shaping this action plan including:

- There is opportunity while also not duplicating, and learning as makes sense from, work the local is doing with the MNA Health portfolio.
- Most members get community health care services at the Fort Chipewyan Health Centre (Nunee Health) and specialist care in Edmonton.



Fort McKay First Nation Health Centre aims to optimize the well-being of the Fort McKay community. It manages all aspects of health. <https://www.fortmckay.com/facilities/health-centre/>

The Fort McKay First Nation Health Centre joined AHS-CCA in walking together to strengthen Indigenous cancer care through a conversation in April 2022. We are grateful to Maureen Boyes and Rebecca Johnson for the chance to meet and conversation that fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- Two physicians, who have been working in the community for many years, support cancer screening and, when something is wrong, getting to a diagnosis. Community nursing and the Screen Test Mammography mobile service also play active roles in supporting cancer screening in the community and they have seen this result in early diagnosis, treatment and living well beyond cancer.
- Palliative care services are offered in the community often almost to the point when someone is 'going home'. This care is offered in the home and in a community long-term care facility.

All themes are reflected in the collective action plan guiding us forward together.

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Swan River First Nation Health Centre delivers health care services and programs which provide awareness and promote healthy living. <https://srfnsite.wpcomstaging.com/health-centre/>

Swan River First Nation Health Centre joined AHS-CCA in walking together to strengthen Indigenous cancer care in April 2022. Walking together has only been possible because of Amanda Davis, Sharon Courtoreille, and Elder Doris who guided, shared, and made space for us to connect amidst all the essential work they do day to day.

Reflecting amidst staff and community members fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- People are afraid to say cancer. When people have to deal with cancer it is a big thing.
- Access to testing and specialists is very difficult. The nearest specialist is 300 kms away. Getting MRIs and other tests always takes long and we are on the waiting list. This can make it so hard to find out what is wrong.
- When people come home there is support from the health centre and home care. Support in making arrangements is very important and support from family is critical. An example was shared of a nurse working so hard to help get things organized with a patient and family so that person could travel for cancer care and be supported. It is important to ensure that family support is included.

All themes are reflected in the collective action plan guiding us forward together.

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Siksikaitsitapi – the Blackfoot Confederacy Tribal Council (Blackfoot Confederacy) Health Department strives to close the gaps in health outcomes between Indigenous and non-Indigenous communities in connection with the Blackfoot Nations. <https://blackfootconfederacy.ca/health/>

The Blackfoot Confederacy Health Department joined AHS-CCA on walking together to strengthen Indigenous cancer care in May 2022. Walking together has been possible thanks to Bonnie Healy, and Travis Yellow Wings who were the central forces in our work together sharing, guiding and organizing amidst all the essential work they do day to day.



Connecting with Elders, and health leaders has fostered insight and direction to shaping this action plan. In conversation together some of the key themes included:

- There are sacred teachings and Protocols related to hair. It is important to understand that touching someone's hair, should not be done. Many Indigenous people would not want a wig but prefer soft, cloth head coverings.
- Many people have faced physical, and sexual abuse in residential schools, foster care, and cycles of abuse. This can affect people's ability to face cancer screening, diagnostic testing, and ongoing assessment and treatment. We need to recognize this, and support people accordingly.
- Foods are an important part of cancer prevention, and cancer care. Things like mint tea collected from the land, rice soup made with short ribs and lots of broth, and boiled saskatoon with mint and not sugar, are some foods that give nutrients and love.

All themes are reflected in the collective action plan guiding us forward together.

Between spring 2022 and March 2023 the Blackfoot Confederacy Health Department has:

- Participated in the development of vision for making the new Calgary Cancer Centre supportive and welcoming to all Indigenous people who need cancer care there, which includes a number of specific areas for upcoming action together.

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Fort McMurray 468 First Nation (FMFN468) is committed to a healthy community by providing programs and services and developing action plans to address community wellness, addictions, health and disease prevention for community members. <https://fmfn468.com/services/health-centre/>

The FMFN468 Health Services joined AHS-CCA in walking together to strengthen Indigenous cancer care in May 2022. Walking together has only been possible because of Nancy Derange, and the Elders who made time to connect amidst all the essential work they do day to day, and shared with us.

Connecting with staff and community members fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- Information about what is happening and what to expect is very important. It is not an easy topic for people. Perhaps there could be someone who is at the Friendship Centre in Fort McMurray (Nistawoyou Association Friendship Centre) sometimes to support Indigenous people in the area who are facing cancer.
- People who are facing possible cancer or going through cancer can take action by doing things like praying or talking to the cancer to help with healing. Staying active with other activities is also important to help keep the mind from worry, at least sometimes.
- Traditional ways are very important. People can choose traditional ways and with or without medical treatments. People don't always know how to access Traditional ways or much about them. Some people will be looking for them for the first time when they face cancer. Indigenous people are protective of Traditional Healers and medicines. Things have been stolen or dishonoured in the past.

All themes are reflected in the collective action plan guiding us forward together.

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Little Red River Cree Nation (LRRCN) Health Services serve the communities of Garden River, John D'Or and Fox Lake to provide quality programs and services which meet the holistic needs of individuals, and families. <https://lrrcn.ab.ca/programs-services/health-services/>

LRRCN Health Services joined AHS-CCA in walking together to strengthen Indigenous cancer care in May 2022. With the organization, reflection, and support of Roley Metsikassus and Paisly Symenuk, conversations with health centre staff, and community members fostered insight and direction to shaping this action plan. In discussion together some of the key themes included:

- The community healthcare team wants people to know they are not alone. Home care is there to support people and does things like wound and other care, cancer education and seeking information on the person's condition to help the whole family.
- Often the community healthcare providers get little to no information about a cancer diagnosis or care plans from the health system, when they do it is often late. Right now information is more likely to come from within the community. This makes it more challenging to support people in a timely way as there is planning that is needed, especially if palliative care equipment like a bed is required.
- It is important to work toward getting cancer diagnosed as early as possible and to supporting families when they face cancer. It is challenging to get to a diagnosis of cancer. Community members experience racism in the healthcare system and it can be difficult for people to want to seek medical care.

All themes are reflected in the collective action plan guiding us forward together.



The vision over time is to move this work more and more into local connections with each of the 17 cancer centres in Alberta. This requires those centres to be ready and to learn effective ways of strengthening cancer care that they are developing in their daily work. As we worked with community partners, the CCA Walking Together team also began the work of connection and action with expanding numbers of cancer centre staff through the course of the last three years, as the pressures of the pandemic response eased. This is an area that will need enhanced focus going forward.

With each partner, we sought to first introduce ourselves to community Health Directors, and at times community leadership, to discuss the opportunity to work on strengthening Indigenous cancer care in Alberta together. We then sought, through the Health Directors or their designates, to connect with staff and community members around cancer and cancer experiences. With every conversation we aimed to respect the conversation by documenting themes while protecting confidentiality (not noting personal information or stories). Notes were always shared with the partners to enable refinement and ensure they best reflected the conversations had, and plans made, together. With some partners, we have had one or two conversations, with others we have had numerous conversations and been working together on actions to impact cancer care.

Challenges, strengths, and opportunities

The Walking Together team was challenged in reaching the small Inuit population living in Alberta and this was a limitation in completing this report. The team focused on reaching about half of the First Nations, Métis communities, and trying to incorporate learnings from the cancer engagements undertaken by the MNA. Going forward, we aim to reach out to more communities, organizations, and the Metis Settlements through a variety of avenues including in-person relationship building and utilizing social media to explore collaboration around strengthening FNMI cancer care.

Despite the ongoing global pressures throughout the last few years, this work had considerable strengths:

- There was a significantly larger number of First Nations and Métis communities and organizations throughout the province who chose to partner with us than originally thought when the project was proposed in 2018.
- The process followed by the project team to listen, build trust, share, co-develop actions responsive to community priorities, and report back was very well-received by partners.
- Elders worked with us and with their community teams to learn new technologies to continue meeting and consistently responded with grace and patience when Protocol was not followed perfectly or when technological glitches were at play.

We listened and heard

Through dialogue and exploring action together we have heard many things that are important to strengthening First Nation and Métis cancer care in Alberta.

Broadly speaking we have heard:

Cancer is an important issue we need to work on together. Cancer affects many Indigenous people, families, and communities. Community health centres and other services play an important role in wellness, prevention, care, and support. Trust between Indigenous Peoples and the health system has been broken repeatedly in the past. Relationships must be developed in the ethical space. Communities have many priorities, including cancer care. Building relationships and taking action will take the time it needs to move forward.

People didn't used to get cancer in the community. People are afraid of cancer, afraid to talk about cancer, and many believe it is a death sentence. It is personal, emotional, and affected by and adds to compounded trauma. There is also hope. AHS cancer related services are one part of a larger web of cancer care and only one source of knowledge and wisdom about health, cancer, and healing. **People need meaningful information and connections to supports and services to help them through cancer scares, cancer diagnosis and cancer care.**

People are afraid of healthcare facilities. It's important to create safe, welcoming spaces. In doing that, it's critical to understand we are not all the same. We need to meet and work in ways that are inclusive of different ways of knowing, practices, sacred symbols, and voices of the many Indigenous people that live and receive healthcare in Alberta.

Spirituality, culture, connection to ancestors, the land, and Elders give strength and help many Indigenous people along the healing journey. Traditional Healing is powerful and a Right. It is also something people often protect by sharing only with family and trusted friends. **These core Indigenous supports all need to be recognized, respected, and centered in cancer care.**

Indigenous people experience health inequity that affects cancer incidence, cancer care, and cancer outcomes. Health inequity is maintained by systems and many Indigenous people must overcome considerable barriers to access and continue cancer care, including distance and travel, rigid processes, receiving care and support from health teams in different jurisdictions that often do not have good means of communication, and difficulty accessing good primary care to name a few. **Intentional action is needed to continue moving toward equitable, non-racist, access and approaches to wellness, diagnosis, care, and treatment.**

For more information, please see 'What we heard in greater detail' - Appendix A.



Courtesy of the MNA

Changing practice along the way

Over the last 3.5 years while working to build relationships and understanding to create a meaningful Action Plan beyond March 2023, we also sought to take some actions along the way that would help move toward strengthened Indigenous cancer care. These actions were taken based on community partner interest and capacity, as well as system and staff capacity through the pandemic. Taking action has explored change and provided learning. During this grant, action occurred in four key areas:

Shared understanding and approaches to knowledge sharing

- Worked collaboratively to develop 4 concise information resources that highlight local and CCA supports.
- Created a clear point of connection with the Indigenous Cancer Patient Navigator for community home care and the health centres involved.
- Participated in workshops and community events to share information about cancer and cancer care.

Safer, welcoming, supportive cancer care centres

- Worked extensively with community partners in southern Alberta and the new Calgary Cancer Centre team to develop a foundational set of themes to guide action together to make the new centre safer, supportive, and welcoming of First Nation, Métis, and urban Indigenous Peoples.
- In December 2022, a gathering, tour, and circle with community partners from across southern Alberta was hosted at the new Calgary Cancer Centre by local leadership.
- Helped bring artwork from two Indigenous artists into three cancer centres. This includes dream catchers for the Cross Cancer Institute and the Grande Prairie Cancer Centre, as well as drums for the Central Alberta Cancer Centre (Red Deer).

Cancer care staff learning, and practice supports – how CCA staff support patients and families is also central to providing safer, supportive care. Staff need time, and meaningful supports and tools for learning, conversation, and action around topics like Indigenous health, bias, racism, trauma and working differently.

- Facilitated 17 virtual live learning experiences for cancer care staff across Alberta
- Established the CCA Indigenous Cancer Health staff resource webpages.
- Developed the Non-Insured Health Benefits³ for Travel Practice Support Tool and ensured linkage to the MNA Compassionate Care: Cancer Transportation program.

³Not all Indigenous people are eligible for Non-Insured Health Benefits (NIHB). Find out more about who is eligible @ <https://www.sac-isc.gc.ca/eng/1574187596083/1576511384063>.

Care closer to home

- Built our understanding of the support people connect with in communities including home care, transportation, lab draws, and spiritual and cultural supports.
- Supported the addition of a third Indigenous Cancer Patient Navigator (based in Grande Prairie)
- Presented at the First Nations home care nursing conferences in November 2022.
- Explored concept and initial testing of the ability to make video appointments possible in health centres to enhance community members' access to virtual appointments.



This dream catcher was created by artist Richard Nookohoo for everyone at the Cross Cancer Institute to support people as they face difficulties of life and the difficulties of cancer. It hangs in the Prayer and Reflection room.

Key areas for action in 2023-2028

As part of the process of dialogue and exploring action together, we have also heard what is important for CCA to focus action on moving forward. Conversations with partners from First Nations and Métis communities, organizations, and governments, as well as health system partners about strengthening Indigenous cancer care led to the following key areas for action:

Enhancing relationships with Indigenous patients, families, organizations, communities, community leadership, and community health centres through consistency, respect, and cultural humility.

Co-creating shared, meaningful knowledge and understanding.

Fostering safer, welcoming, and supportive cancer care environments.

Enhancing access, inter-jurisdictional collaboration, and continuity of cancer care.

The Action Plan is designed to support organizational change in CCA and collaborative action with Indigenous community and organizational partners to strengthen cancer care so that Indigenous Peoples in this province:

- Are diagnosed with cancer at the earliest stage.
- Feel safer and welcome at cancer centres.
- Experience high satisfaction with their cancer care.
- Complete cancer treatment and have survival rates consistent with those of non-Indigenous people.

Each area of action is outlined more fully in the following pages.





Enhancing relationships with Indigenous patients, families, organizations, communities, community leadership, and community health centres through consistency, respect, and cultural humility.

Relationships and trust are the foundation that makes all efforts in this work possible and, therefore, must be addressed first. CCA recognizes the importance of Elders, Knowledge Keepers, culture, and Protocols in building and sustaining relationships with Indigenous individuals and communities.

To achieve meaningful and productive partnerships, we will:

- **Ensure community partnerships and relationships are developed and nurtured in the ethical space with, where possible, the continuity of people and approach required for sustainability.**
- **Continue to build the capacity of staff to foster trusting, reciprocal relationships with Indigenous partners.**
- **Reaffirm relationships with Indigenous organizations and AHS portfolios working in the collaborative space of improving Indigenous cancer care.**

- Continue building community connections across the province, with interested communities and organizations.
- Continue supporting local connections as they are developed, with the CCA Indigenous Coordinator, Indigenous Cancer Patient Navigators, or local Cultural Support workers to help provide cultural context, learnings, and advice around Traditional Protocols.
- Foster sharing and capacity building opportunities with CCA staff that will grow: connections and collaborations with community partners leading to sustainable relationships, co-creation of actions that foster safer, welcoming, supportive cancer care; share experiences to amplify learning through a CCA-wide working group of navigators and operational leaders.
- Honour the role of Elders and Knowledge Keepers, traditional ceremonies, and Protocols in our working relationships by creating environments of respect and welcome at cancer care sites.
- Support local site relationships with interested communities and organizations they serve, with regular, timely, and continuing engagements focused on community-driven priorities. This includes CCA staff spending time, when invited, with community health teams in communities to exchange resources and knowledge, and gain understanding of gaps in cancer care.
- Allocate resources to support building and sustaining relationships and engagement with Indigenous communities and organizations.
- Continue to foster relationships and collaboration with internal AHS teams that work in aspects of Indigenous cancer care sharing knowledge, connections, and working towards continuity of care. Internal AHS teams include, but are not limited to, the Indigenous Wellness Core, Indigenous Health Core Committee, Zone Action Plan working groups, Cancer Screening and Prevention, and Palliative Care.
- Continue to foster relationships and collaboration with key AHS stakeholders and key community partners through the CCA Sharing Circle. Through the Sharing Circle, we strive to coordinate efforts, share learning resources, and build synergistic relationships.
- Continue to foster relationships and collaborations with external and community organizations to further the improvement in Indigenous cancer care. This includes, but is not limited to, primary care, home care and the First Nations and Inuit Health Branch/Indigenous Services Canada (FNIHB/ISC), Wellspring Alberta, Canadian Virtual Hospice, Alberta First Nations Information Governance Centre and CPAC.



Co-creating shared, meaningful knowledge and understanding

Cancer is scary and people hold strong beliefs about it that can result in shame, fear, and worry. There is also hope as care has evolved and more people than ever before are seeing good results. Community partners are seeking information around all aspects of cancer care to better support community members. Information must be developed with the community, with Elders, with local cultural and traditional stories, supports, and approaches to health.

To ensure that Indigenous people receiving cancer care in Alberta get the information they need, when and how they need it, we will:

- **Share, listen, and grow cancer and cancer wellness knowledge and expertise with community and system partners.**
- **Enhance inclusive, culturally diverse, effective cancer information resources.**
- **Work in relationship with appropriate Indigenous and system partners to develop processes, questions, access and make meaning of any cancer-related data. All dimensions of data will be rooted in OCAP®, the Principles of Ethical Métis Research, and ethical considerations for research involving the Inuit Nunangat⁴.**

⁴ as outlined in Chapter 9 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)

- Complete an Indigenous cancer journey map, ready for validation that will be available at time of diagnosis.
- Provide the Guide to Cancer Care in Alberta for Newly Diagnosed Indigenous People to community health centres, Indigenous clinics, health centres across the province, digitally and in print at all CCA sites.
- Co-develop and share information that is meaningful to community members.
- Continue to improve and evaluate the Indigenous Cancer Health page on the AHS CCA website pages.
- Include FNMI languages in key education material.
- Provide patient and family information teaching in a person-centered way with guidance from communities, Indigenous Cancer Patient Navigators (ICPNs) or Cultural Support workers.
- Share information and be present at community meetings, community health fairs, and other opportunities when they arise.
- Facilitate access to the course Cancer Care Basics (currently available to AHS staff) for interested community partners.
- Share information, and ongoing oncology education, seminars and tools with First Nations health centres, clinics, community home care and other interested providers.
- Create clear cancer care points of contact for community health providers and ensure community health providers are updated if/when there are changes in contact people.
- Collaborate in cancer care with community healthcare providers through care closer to home, and the hub and spoke model.
- In alignment with the AHS Indigenous Health Commitments goal 6, build research and evaluation processes and tools in partnership with Indigenous communities, the MNA, the MSGC, the AFNIGC, the IWC, and CCA Research and Analytics to develop evidence-informed policy and programs that:
 - Support the development of policy and guidelines for collecting and sharing data, ensuring information about Indigenous Peoples is consistent with appropriate privacy legislation and Indigenous information and research protocols (e.g., OCAP® and the Principles of Ethical Métis Research).
 - Support the establishment of co-designed research initiatives with Indigenous organizations and communities.
 - Work in partnership to identify opportunities to support Indigenous community research capacity.
 - Explore ways together to assess, monitor, and understand patient satisfaction through indicators that are meaningful to FNMI patients and families.
- Participate in the development of the AHS Indigenous Health Data Ecosystem.



Fostering safer, welcoming, and supportive cancer care environments.

When we speak of safer, welcoming, and supportive cancer care environments, we acknowledge that safety applies to both the physical space and the people providing care. It is therefore vital that CCA work to address both.

To achieve an environment in CCA in which our sites provide safer, equitable, more welcoming cancer care, we will:

- Enhance CCA staff learning and capacity to deliver safer and supportive cancer care with Indigenous people facing cancer through diverse learning opportunities.
- Continue to address racism and discrimination in cancer care centres.
- Co-create signals of a safer, welcoming physical cancer care space.
- Acknowledge the importance of, and enhance ways to support, spirituality,

Traditional Healing (inclusive of Ceremony), and a holistic view of health, for those who choose this.

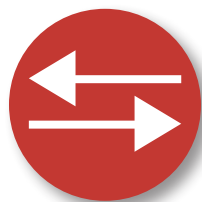
Traditional Healing, including access to ceremony, is central to healing for many FNMI patients and families facing cancer. Traditional Healing is supported under UNDRIP, TRC and AHS policy. Any work to address Traditional Healing moving forward must be led by Elders, Healers, and community Protocols and processes. CCA also has a role to play. Through policies, processes, and staff training, CCA can support people and their choices around Traditional Healing.

- Provide and support ongoing multi-modal opportunities, including experiential, for CCA staff and physicians to enhance understanding of:
 - Historical and current traumas, the persistent effects of colonialism, intergenerational impacts, and First Nations, Inuit, and Métis customs, beliefs, and worldviews, as they relate to cancer and cancer care.
 - Improving care for Indigenous people and their families, including but not limited to trauma-informed care, unconscious bias, the importance of distinctions-based cultural practices, and Traditional Healing.
- Work with community and organizational partners to offer and shape staff training opportunities and also use AHS courses, other courses offered by IWC, and foundational sessions offered by the CCA Indigenous Coordinator.
- Embed training into orientation pathways for new staff. This includes management, clerical, administrative, research staff and others who do not provide direct patient care yet are critical to the quality of care.
- Include the course developed by the Métis Nation of Alberta entitled Métis Cancer Care: Introduction to Métis People and Health into the standard orientation track for new hires in CCA.
- Expand our teaching in Health Change Methodology™, a practical approach to patient-centered care that aligns with principles of trauma-informed care.
- Incorporate the AHS Anti-Racism Position Statement into our work in CCA.
- Establish and implement a clear and safe mechanism for reporting and following up on discriminatory incidents and taking follow up action on individual and systemic acts of racism and discrimination within CCA for patients and staff.
- Work with human resources and hiring managers to create inclusive job postings and interviews that include questions to examine attitudes towards diversity.
- Continue to foster connections with university programs and others to share learnings about the issues of health equity related to cancer care and Indigenous Peoples in Alberta.
- Ensure locally specific land acknowledgment signs are visible near all entrances of cancer care centres.
- Include Indigenous selections where music is played (e.g., some radiation departments and some waiting areas).

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- Continue to partner with local communities, governments, and Friendship Centres to identify and incorporate supportive visual symbols for our sites that may include things like FNMI languages on signs or visual art.
- Identify gathering and healing spaces, inclusive of space for ceremony, at CCA sites, and ensure staff are aware of them and how to access them.
- Incorporate spiritually and medicinally meaningful plants at CCA sites, in partnership with local Indigenous communities.
- Offer more traditional/country food options to support inpatients and welcome families bringing food from home.
- Continue collaborations with the Treaty 7 Nations, MNA Health Department/ MNA Region 3, and the Friendship Centres in Calgary and other communities, to create a safer and welcoming environment at the new Calgary Cancer Centre.
- Develop partnerships with Indigenous communities and Friendship Centres to support connections to cultural support, Elders, Knowledge Keepers, and Traditional Healers.
- Grow CCA capacity to respectfully support people who choose Traditional Healing with medical treatment, or on its own, where community knowledge and Protocols are the primary guidance on Traditional Healing. This will be through staff education, safe and private spaces for Ceremony in or close to all cancer centres, and forging connections with cultural support staff.
- Create CCA staff awareness of where cultural supports can be accessed and how best to foster connection when people are seeking these supports. This will be through communities first and foremost. If staff are unable to connect with communities, then staff can contact AHS teams, including IWC, North Zone Indigenous Health Program, and site hospitals and their connections with the Indigenous Cancer Patient Navigators.
- Create, recruit, and support Indigenous Cultural positions for each of the two tertiary cancer centres.
- Continue to support and promote the role of Indigenous Cancer Patient Navigators.
- Support all cancer patient navigators to develop capacity to help support Indigenous people with cancer in their areas.





Enhancing access, inter-jurisdictional collaboration, and continuity of cancer care.

Access to health services is challenging. Indigenous patients and families must regularly overcome many additional barriers to access the care they need and are entitled to. Working across provincial, AHS, community, and federal care systems is central to people accessing the care when and where it will be most helpful and timely.

To work towards a cancer care system in Alberta in which continuity of care is improved, care is provided closer to home, and the time from suspicion to diagnosis is reduced for Indigenous people, we will:

- Enhance understanding of, and as aligns with patient and family wishes, work with Indigenous community health partners, and supports and services to address unique needs and enhance patient cancer care and wellness in a timely way.
- Enhance capacity for virtual collaboration and appointments to patients and families who are interested, in partnership with community healthcare providers, and relevant AHS partners.
- AHS Screening Programs will collaborate with interested community partners to promote and facilitate culturally safer, and accessible cancer screening.
- The Cancer SCN will foster culturally appropriate alignment and implementation of the Alberta Cancer Diagnosis Initiative to support Indigenous people access earlier diagnosis.

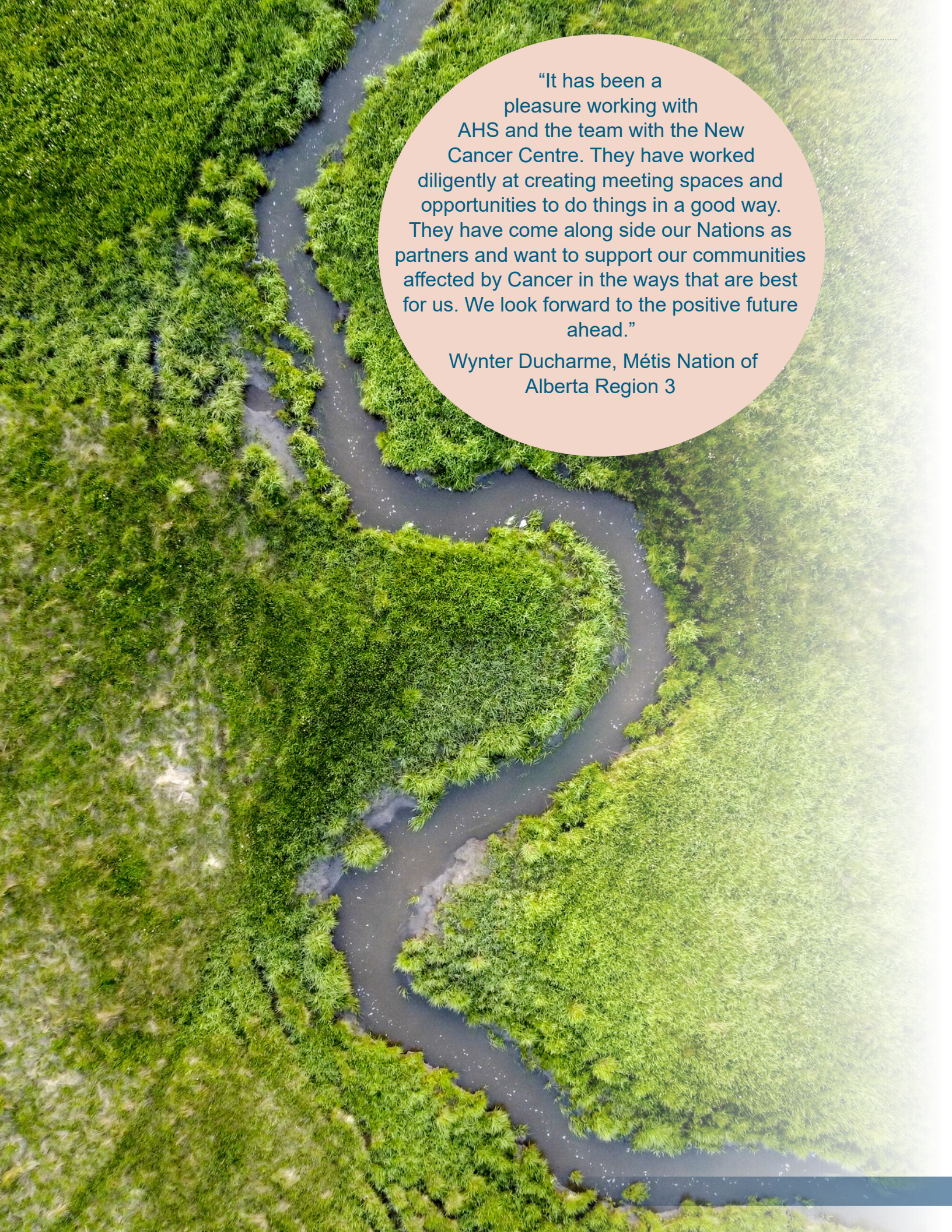
- Ensure staff recognize that community health centres, nursing stations, Friendship Centres, and community home care are often the care home for Indigenous patients.
- Intentionally align care planning with services and supports that are available and acceptable to the patient. Working with the patient (with their consent), we will make connections with the appropriate community teams early in the care process.
- Continue the Interdisciplinary Indigenous Cancer Patient rounds at the tertiary cancer centres and consider extending these rounds to the regional centres.
- Incorporate consideration of health inequities and barriers to care in care planning seeking mitigation strategies in collaboration with the MNA, Indigenous Cancer Patient Navigators, social work, community, NIHB, and others.
- Ensure healthcare providers are aware that not all Indigenous Peoples, medications and supports are covered by NIHB.
- Provide easy access to tools and supports for healthcare providers to contact NIHB, the MNA or others as needed if ICPNs are unavailable.
- Foster strengthening of care closer to home (referrals to community cancer centres or virtual care) with interested patients and communities by developing partnerships based on community and patient and family priorities.
- Provide virtual care through the connect care portal, video link, or telephone to interested patients supported by navigators, community home care or others if needed. This can be through a community health centre if technology or support is an issue.
- Forge connections to develop pathways for information sharing with community healthcare teams, recognizing that this is something care closer to home requires.
- Continue to grow AHS Screening Programs understanding of the complex challenges and barriers Indigenous patient and families face to access cancer screening in Alberta. This will be done through ongoing engagement and partnerships.
- Improve access to, and participation in, cancer screening by:
 - Identifying opportunities to improve participation in culturally safer and meaningful ways.

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- Collaborating with community partners to improve access to screening.
- Understanding and acting to remove barriers to accessing cancer screening closer to home.
- Developing culturally appropriate cancer screening education and communication materials.
- Growing awareness, in collaboration with communities and others, around keeping tobacco sacred and seeking ways to safely increase recruitment into lung cancer screening.
- Working with community and health system partners to reduce barriers to early cancer detection and treatment.
- Continuing to explore and support approaches to improve the coordination of screening and follow up of results, especially among patients who do not have a family doctor.
- Collaborate with the Cancer Strategic Clinical Network as they complete development and implementation of the Alberta Cancer Diagnosis (ACD) initiative. This is a comprehensive provincial cancer diagnosis program that will anchor all cancer diagnostic pathways and ensure essential components are available across the province to build inclusiveness of Indigenous Peoples, communities and health supports. This work is very much in progress and input has been sought from a wide range of stakeholders⁵. The completed work will include:
 - Centralized referral and triage with closed loop communication to primary care or referring care providers.
 - Supports to meet navigation, educational, psychosocial, and symptom management needs during the time around diagnosis.
 - Facilitation of appropriate diagnostic tests and specialist referrals.
 - A quality framework that will monitor progress and continue to evolve the program.

⁵The approach to gathering the perspectives and needs of Indigenous Peoples and communities was grounded in relationships and consultations with CCA and its Sharing Circle, the Walking Together team, the AHS Indigenous Wellness Core, the Indigenous Health providers group and Indigenous leaders who participated in the ACD Steering Committees and Working Groups. The Program will streamline cancer diagnoses, improve continuity between primary and specialist care, strengthen supports for patients and families, as well as leverage and optimize community resources. As the work proceeds, collaboration with Indigenous primary care will be sought.



An aerial photograph showing a dark, winding river or stream flowing through a dense, vibrant green landscape. The vegetation appears to be a mix of tall grasses and shrubs, creating a textured, organic pattern around the water. The river meanders from the top left towards the bottom right, with several small islands and peninsulas of land along its course. The lighting is bright, suggesting a sunny day, and the overall tone is natural and serene.

“It has been a pleasure working with AHS and the team with the New Cancer Centre. They have worked diligently at creating meeting spaces and opportunities to do things in a good way. They have come along side our Nations as partners and want to support our communities affected by Cancer in the ways that are best for us. We look forward to the positive future ahead.”

Wynter Ducharme, Métis Nation of Alberta Region 3

Forward together

When this project began in 2019, the question of how this work would be done differently was asked. At the time, the only response with any certainty was that this is community driven and we would approach all potential collaborators with a focus on relationship, trust, humility, and partnership, and that together we would plan and take practical actions to avoid becoming another project that results in a report collecting dust on a shelf.

Over the last few years, our understandings have evolved, and our commitment to working in a good way remains steadfast. We have learned from the expertise of our community partners what actions are needed. We continue to focus on and honour relationships as our foundation and understand that timelines must accommodate complex schedules, respect for Protocol and people, reflection, learning and guidance.

We have done this work through the COVID pandemic which shone a strong light on many of the healthcare inequities experienced by Indigenous people seeking wellness. The light reaches eyes that have been conditioned not to see. Conversations are changing in ways that did not seem possible only a short time ago.

CCA is working towards a cultural shift in which Indigenous patients, families, and staff feel safer to enter cancer centres, feel they are treated with respect and are heard, and experience the same quality of care as everyone else. We will achieve this by following a process of patience and consistency and building momentum over time.

The creation of the Action Plan to strengthen Indigenous cancer care in Alberta is built upon a strong foundation of previous work and represents a big step moving forward. This phase of the work was about finding direction and beginning the work of building connection. Our partners and this Action Plan provide the insight and guidance that will light the path ahead.

The next phase of the Walking Together project is focused on implementing the actions that have been recommended across CCA. Our next step will be to co-develop an implementation approach and move forward with community and health system partners, starting in some areas of the province and then moving to others over time. This work will move forward rooted in the Action Plan, and inclusive of:

- Recommendations from the [Alberta Métis Cancer Strategy: A Plan for Action](#), developed by the MNA.
- Recommendations in the AHS Anti-Racism Position Statement.

CCA is consistently grateful for, and humbled by, the collaboration of our many partners. CCA will continue to grow as we implement this Action Plan. There is commitment and there is hope. Creating lasting change involves all of us, and we are walking together to strengthen Indigenous cancer care in Alberta.

References

- Alberta Health (2013). *Changing Our Future: Alberta's Cancer Plan to 2030*. Government of Alberta. <https://open.alberta.ca/dataset/09e65e85-2796-456e-ac52-353b533450fd/resource/0c184a3f-e897-4794-a40a-a71b86ff91a5/download/6153402-2013-changing-our-future-albertas-cancer-plan-2030.pdf>
- Alberta Health, Health Standards, Quality and Performance Division, Analytics and Performance Reporting Branch, Government of Alberta & the Alberta First Nations Information Governance Centre. (2016). *Life expectancy for First Nations in Alberta*. <https://www.afnigc.ca/main/includes/media/pdf/fnhta/HTAFN-2016-01-12-FNLifeExp.pdf>
- Alberta Health, Health Standards, Quality and Performance Division, Analytics and Performance Reporting Branch, Government of Alberta & the Alberta First Nations Information Governance Centre. (2017). *Top Types of Cancer among First Nations in Alberta. First Nations Health Trends Alberta*. <https://www.afnigc.ca/main/includes/media/pdf/fnhta/HTAFN-2017-10-31-TopCancerSites.pdf>
- Alberta Health Services (2020). *Calgary Zone Indigenous Health Action Plan: Creating a New Path to Indigenous Health in the Calgary Zone*. <https://www.albertahealthservices.ca/assets/about/publications/ahs-pub-ihapcz-action-plan.pdf>
- Alberta Health Services (2020). *Indigenous Health Commitments: Roadmap to Wellness*. <https://www.albertahealthservices.ca/assets/info/ihp/if-ihp-indigenous-health-commitments.pdf>
- Bill, L., & Letendre, A. (2017) *Increased access to Culturally Safe Cancer Care Pathways by Alberta First Nations in rural and isolated communities*. <https://afnigc.ca/main/includes/media/pdf/digital%20reports/Culturally%20Safe%20Cancer%20Care%20Pathways.pdf>
- Canadian Partnership Against Cancer (2013). *First Nations Cancer Control in Canada Baseline Report*. Toronto: Canadian Partnership Against Cancer. <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/first-nations-cancer-control-baseline-report.pdf>
- Canadian Partnership Against Cancer (2014). *Inuit Cancer Control in Canada Baseline Report*. Toronto: Canadian Partnership Against Cancer. <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/inuit-cancer-control-baseline-report.pdf>
- Canadian Partnership Against Cancer (2014). *Métis Cancer Control in Canada Baseline Report*. Toronto: Canadian Partnership Against Cancer. <https://www.partnershipagainstcancer.ca/wp-content/uploads/2017/12/metis-cancer-control-baseline-report.pdf>
- Canadian Partnership Against Cancer (2020). *Lung Cancer and Equity: A Focus on Income and Geography*. Toronto: Canadian Partnership Against Cancer. <https://s22457.pcdn.co/wp-content/uploads/2020/11/Lung-cancer-and-equity-report-EN.pdf>
- Centre for Teaching and Learning, Queens University (n.d.). *What is Decolonization? What is Indigenization?* <https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/what-decolonization-what-indigenization>
- Cromarty, T., Goodman, K. J., Huang, L., Colquhoun, A., Kima, J., James, A., & Bartel, R. (2022). *Cancer Incidence and Mortality Among the Métis Population of Alberta, 2013 – 2019*. Edmonton: Métis Nation of Alberta. <https://albertametis.com/app/uploads/2022/12/Cancer-Incidence-and-Mortality-Report-V4-1.pdf>

Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The Ethics of Research Involving Indigenous Peoples: Report of the Indigenous Peoples' Health Research Centre to the Interagency Advisory Panel on Research Ethics*. Indigenous Peoples' Health Research Centre, Saskatoon, SK. https://www.ktpathways.ca/system/files/resources/2019-02/IPHRC_ACADRE_Ethics_Report_final.pdf

Métis Nation of Alberta Health Department (2023). *Alberta Métis Cancer Strategy: A Plan for Action | Li Kaansayr Aen Ishitootamihk: Aen Plaan Totamowin*. Edmonton: Métis Nation of Alberta. <https://albertametis.com/app/uploads/2023/04/Alberta-Metis-Cancer-Strategy.pdf>

McLane, P., Barnabe, C., Mackey, L., Bill, L., Rittenbach, K., Holroyd, R., Bird, A., Healy, B., Janvier, K., Louis, E., & Rosychuk, R. J. (2022). First Nations status and emergency department triage scores in Alberta: a retrospective cohort study. *CMAJ*, 194(2), E37-45. <https://doi.org/10.1503/cmaj.210779>

Nguyen, N. H., Subhan, F. B., Williams, K., & Chan, C. B. (2020). Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada: A Narrative Review. *Healthcare*, 8(2), 112. <https://doi.org/10.3390/healthcare8020112>

Ontario Health (2020). Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework. <https://www.ontariohealth.ca/sites/ontariohealth/files/2020-12/Equity%20Framework.pdf>.

Population, Public and Indigenous Health Strategic Clinical Network (2018). *Indigenous Health Transformational Roadmap 2018-2020*. Alberta Health Services. <https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-ppih-ih-roadmap.pdf>

Roach, P., Ruzyski, S. M., Hernandez, S., Carbert, A., Holroyd-Leduc, J., Ahmed, S., & Barnabe, C. (2023). Prevalence and characteristics of anti-Indigenous bias among Alberta physicians: a cross-sectional survey and framework analysis. *BMJ Open*, 13, e063178. <https://doi.org/10.1136/bmjopen-2022-063178>

Sarfati, D., Garvey, G., Robson, B., Moore, S., Cunningham, R., Withrow, D., Griffiths, K., Caron, N. R., & Bray, F. (2018). Measuring cancer in Indigenous populations. *Annals of Epidemiology*, 28(5), 335-342. <https://doi.org/10.1016/j.annepidem.2018.02.005>

Truth and Reconciliation Commission of Canada (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Turpel-Lafond, M. E. (2020). *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*. <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf>

United Nations General Assembly (2007). *United Nations Declaration on the Rights of Indigenous Peoples* (61/295). https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Appendix A - What we heard in greater detail

All conversations with community or organization partners were drafted and then sent to participants to ensure any edits that were needed to make them accurate were identified and included. In preparing the Action Plan all of these notes were distilled into the following statements, which were then summarized as what we heard on page 40 of this Action Plan.

- Respecting and seeking to include Traditional Protocols, Indigenous spirituality and ceremony is a vital and foundational component of working together.
- When facing cancer, Indigenous people receive significant care and support in the communities where they live including wellness promotion, healing, home care, emotional and information supports, support around travel needs.
- Different teams within AHS are focused on distinct aspects of the cancer care continuum including Cancer Screening and Prevention Innovations, Screening Programs, Palliative Care, AHS Zones, Indigenous Wellness Core, and CCA.
- Trust between Indigenous Peoples and the healthcare system has been broken repeatedly in the past; building trust takes time.
- Consistency and sustainability are key to moving relationships forward in a good way.
- Relationships must be developed and nurtured in the ethical space – respectful and inclusive of diverse worldviews, and using a holistic approach that uses the strengths of both worldviews.
- Communities have many priorities including cancer care, and this work together will take the time it needs to move forward.
- Relationship and engagement efforts must recognize the distinct First Nations, Métis, Inuit, urban and rural/remote Indigenous communities in Alberta.
- Cancer is scary. People didn't used to get cancer in the community, people are afraid of cancer, afraid to talk about cancer and many believe it is a death sentence. Sometimes there is a belief that cancer can spread to others which adds to the fear and isolation experienced by some people. There can be shame, fear, and worry about cancer but there is also hope.
- Cancer care has evolved. Treatments and screening are better than ever. It is important to share this and make people aware. It is also important to help people be aware of what resources and supports are available for them.
- Families need support to face losses and prepare in a good way. Grief is hard and can be especially difficult as Indigenous people often have unresolved grief from many losses.
- It is important to take a health literacy approach to information sharing.
- Information needs to be developed with the community, with Elders, with local cultural and traditional stories, supports, and approaches to health.
- Cancer is a personal issue, and we need to think about safety and support for anyone present when we talk about cancer with groups of people.

- Cancer care providers need to talk with people about tests, diagnosis, cancer and cancer care and ensure understanding, making comfortable space for questions. They need to be respectful of Traditional Healing and the patient's right to choose what is right for them.
- When discussing cancer information, the following would be of great value:
 - Use local languages in print materials, and orally through the language line and with support from communities.
 - Have men who can speak with men and women speaking with women in sensitive, potentially triggering situations.
 - Take a local, distinctions-based and not a pan-Indigenous approach.
- Communities, Friendship Centres, and Community Health Centres are interested in learning more about cancer so they can better support their community members facing cancer.
- Research and data are very sensitive and problematic for Indigenous people and communities due to historical abuse and trauma through research and the use of data and results that excluded and exploited Indigenous people. A number of communities also expressed interest in:
 - Access to cancer data, for understanding and planning purposes.
 - Creating linkages so when community members receiving cancer care come home, the health centres are able to support them.
 - Environmental risks, especially local industry and radon (a radioactive gas), with concerns about their effects on water, animals, plants, and people, and any relationship to cancer risks.
- Racism and bias play a role in the primary and specialist care required to access a cancer diagnosis. Although many people report good cancer care experiences, there are also experiences of bias and racism in cancer care. For some cancer centres, the hospitals in which they are located are considered unsafe and racist by communities and the same experience is expected from the cancer centre.
- Experiences of trauma in institutions like Indian residential schools and Indian hospitals, racism in healthcare, and the lack of cultural inclusion in healthcare spaces are barriers to Indigenous people entering cancer centres (and other AHS care spaces) and any feelings of safety or feeling welcome.
- Experiences of racism, discrimination and (un)conscious bias towards Indigenous people can, and does, result in hesitation to access care, delays in diagnosis, follow through on treatment and suboptimal outcomes.
- Spaces can be made safer, more welcoming, and more supportive by attending to the physical space and by how staff meet and care for Indigenous people.
- Safe, private space and respect for Ceremony are important in cancer care spaces. This can include spaces for spirituality that accommodate special ceremonies, smudge and privacy, use of symbols or language that resonate for local communities, and space to care for plants with cultural/medicinal significance.

- Cancer care staff are often uncertain how to increase a sense of safety for Indigenous Peoples.
- Administrative staff are important as the front line creating that sense of welcome. Experiential learning for staff and physicians is an important avenue to creating understanding.
- CCA Indigenous staff experience discrimination and micro-aggressions in the workplace.
- CCA Indigenous staff build bridges and teach others throughout their workday. This can be emotionally and psychologically taxing.
- Travel can be a significant barrier to seeking screening, diagnosis, and treatment. Inequities exist in travel coverage and jurisdictional boundaries. These may be related, in part, to difficulty in identifying Treaty status for First Nations or being Métis and not having access to NIHB.
- In some communities, community transportation collaborates with people to organize transportation or reimburse travel. Capacity, road access, and timing of support may be barriers to making it to appointments.
- People living in First Nations communities and outside of major centres need to travel significant distances by road, ice road, barge, or air for cancer care. Weather, wait lines at the barge and road conditions can affect ability to travel, and people may miss appointments because of conditions and availability of travel.
- The Métis Nation of Alberta offers limited grant-based travel and accommodation support for Métis Albertans experiencing cancer.
- Virtual care is seen as a positive and helpful strategy in some cases, however, internet strength, availability, technological capability, and cell service are issues in some communities. Some health centres see an opportunity to support people to access virtual appointments at the health centre with or without the support of a healthcare provider.
- There is limited access to culturally appropriate emotional support for Indigenous people.
- First Nations community health centres play a key role in supporting people and families with cancer. The services differ by community.
- Home care is a core service at First Nations community health centres, but staffing can be a challenge in smaller centres.
- Community cancer centres are not seeing all the patients they could potentially support. Possible reasons include: racism experienced at the local hospital (historic or current), or lack of referral by care teams.
- The connection with Indigenous Cancer Patient Navigators (ICPNs) around individual patients is highly effective. However, sometimes people do not get connected with an ICPN early enough, or at all.
- Community health centres often do not get notified of a diagnosis, discharge, care plan, etc. for community members facing cancer.

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- The Indigenous Wellness Clinic in Edmonton and the Elbow River Healing Lodge in Calgary provide culturally safe supports and care for urban Indigenous people who need primary care and may need additional support during cancer care.
 - Nursing stations are unique with four of them in the north. They are staffed with nurse practitioners and often manage urgent and emergency needs.
 - Better collaboration, information sharing, and connection with First Nations community health centres and nursing stations would be of great value.
 - When people are going through treatment or have multiple appointments, they may need to stay in a hotel. Often transportation to and from the hospital is difficult. Being away from home and family while navigating an unfamiliar city and cancer centre is stressful for people and their medical escort. Often there is no access to activities or ways to pass the time between trips to the cancer centre.
 - NIHB does not cover all medications and healthcare supplies. It is important for care providers to understand what is covered before a person goes home so needed medications or supplies are available. Care providers may need to advocate for access to the medicine that is best for the person.
 - Indigenous people are often diagnosed with advanced stage cancers that sometimes involve poor prognoses.
 - Bias and racism impact access to diagnostic tests and entrance into the cancer care system overall. Indigenous people may not be offered the tests they need without repeated visits and persistence.
 - Access to routine cancer screening is important and particularly challenging for Indigenous people in remote areas and the north. This includes access to mammography and access to a primary care provider.
 - Cancer Screening is not available to all communities and overall participation is lower than non- Indigenous people.
 - Some Indigenous people might be more likely to undertake screening if men were available to screen men and women to screen women.
 - Having culturally relevant screening information is helpful.

Our team is committed to reconciliation and to helping achieve Indigenous cancer health equity. The only way there is by drawing on the power and knowledge of many. The Ethical Space is described by Willie Ermine (2004) as creating space for different worldviews to come together where both are respected and honoured in parallel. The Walking Together team and all our partners have lived in this space during the creation of this Action Plan. It is a challenging space at times, requiring compassion, open hearts, open minds, honesty, difficult truths, and ongoing willingness to learn, reflect, and adapt. It is also an incredibly rich space filled with human connection, learning, promise, and hope for the future. Sharing this space with First Nations and Métis peoples, Elders, Knowledge Keepers, the Indigenous governments and organizations of Alberta has been a gift, one the team respects and is committed to honouring in action. We are eager to continue working Forward Together.

On behalf of Chris Carriere, Anne Holbrook, Krista Marsden, and Warren Michael,
Hiy Hiy | Maarsii | Ish Nish | Īsniyés | Tsii tsii maa tsii iip | Qujannamiik | Thank You

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