



Sâkipakâwin

An Environmental Scan of Provincial Cancer Supports
for Indigenous Patients and their Families in Saskatchewan

Dr. Gary Groot

May 2020

Table of Contents



Executive Summary.....	2
Overview of Scan.....	3
1. Introduction: Context for the Environmental Scan	
1.1 Landscape of Cancer in Canada.....	4
1.2 Formal & Informal Cancer Supports.....	5
1.3 Common Cancer Supports.....	6
2. Methodology	
2.1 How the Scan was Conducted.....	9
2.2 Where the Search was Conducted.....	10
3. Findings of Environmental Scan	
3.1 Presenting the Results.....	11
3.2 Indigenous Cancer Supports in Saskatchewan.....	12
3.3 Synthesis of Indigenous Cancer Supports in Canada.....	13
4. Conclusions.....	18
Appendix: Indigenous Cancer Supports in Canada.....	19
References.....	22



Executive Summary

Project Overview

The purpose of the environmental scan is to identify Indigenous-specific cancer supports in Saskatchewan and to synthesize, compare, and contrast the supports available in other provinces to those in Saskatchewan.

Environmental Scan Method

Cancer supports were identified using four approaches: 1) searching provincial, territorial, and municipal health care services, 2) a systematic online search, 3) hand searching, and 4) contacting Saskatchewan health care professionals. The search was run from January 1 – March 31 in 2019.

Summary of Findings

- Many supports are available to cancer patients in Saskatchewan and there are several health supports specific to Indigenous peoples, though there were none specifically for Indigenous peoples affected by cancer at the time of our search
- General supports for Indigenous peoples in Saskatchewan are provided by the Saskatchewan Health Authority's First Nations and Métis Health Services (Saskatoon), Native Health Services (Regina), and the Eagle Moon Health Office (Regina). They offer traditional healing (Elder support, smudging) and interpretation/translation services in Cree, Dené, and Saulteaux. Screening is also provided to individuals living in rural and northern Saskatchewan through the Saskatchewan Cancer Agency's mobile screening bus
- Other provinces (aside from those in the Maritimes) offer at least one Indigenous-specific cancer support. Supports were categorized into the following themes: Prevention, screening, Indigenous cancer patient navigation, traditional medicine and wellness, accommodations, medical travel, language interpretation, nutrition and diet, support groups, discharge planning, and palliative care

Key Considerations

- Gaps in Indigenous cancer care in Saskatchewan may be addressed in light of programs and services provided in other provinces
- Services in Saskatchewan should consider further outpatient (vs. in-hospital) support and within the community, as this is where cancer care predominantly occurs



Opening Message

We are pleased to present the environmental scan, one product of Sâkipakâwin – Assessing the Support Needs for Saskatchewan Indigenous Cancer Patients and their Families: a Multi-method Study. We give special thanks to the community members who shared their cancer stories, the partners who helped inform this study, and our Patient and Family Advisors. We also give thanks and appreciation to the Saskatchewan Health Research Foundation (SHRF) and the Saskatchewan Centre for Patient-Oriented Research (SCPOR) for their generous funding support. Your invaluable contributions made this report possible.

With the other components of Sâkipakâwin, this project identifies the support needs, both formal (i.e., healthcare services) and informal (e.g., support groups) of Indigenous cancer patients and their families as they journey through the health care system. The study has the ultimate aim to propose novel patient and family centered interventions that can address those needs. By working with our partners, we aim to inform a healthcare system that best addresses the needs of all peoples in Saskatchewan.

The environmental scan is a product by the Sâkipakâwin research team: Gary Groot, Tracey Carr, Terri Hansen-Gardiner, Sylvia Abonyi, Lorna Arcand, Eugene Arcand, Julie Stakiw, Gabe Lafond, Veronica McKinney, Ray Deobald, Tania Lafontaine, Raymond Laliberte, Corey Miller, Darren Okemaysim, and Bruna Bonavia-Fisher.

Overview of Scan

Indigenous peoples* in Canada affected by cancer often experience unique barriers to cancer care compared to the non-Indigenous population.²⁻⁷ To address these barriers, health authorities and organizations in many provinces offer supports specific to Indigenous cancer patients and their families.

To understand where Saskatchewan fits into the Canadian landscape of culturally-relevant health care for Indigenous peoples, we conducted an extensive search of all relevant supports available by province in Canada. This type of search is called an environmental scan.

The objectives of this environmental scan are to:

1. **Identify and summarize** the Indigenous-specific cancer supports available in each province
2. **Compare** the types of Indigenous-specific cancer supports in Saskatchewan in relation to those of other provinces in Canada
3. **Highlight** gaps in Indigenous-specific cancer supports in Saskatchewan and provide recommendations in light of supports available in other provinces in Canada

* "Indigenous" collectively refers to First Nations, Inuit, and Métis peoples ¹

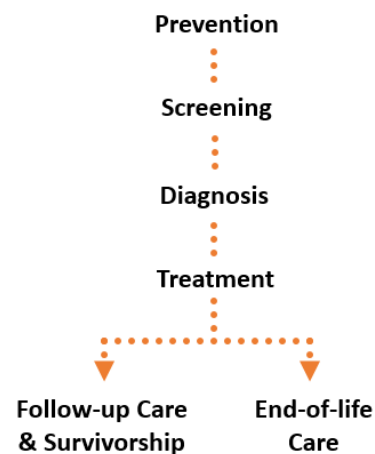
1. Introduction: Context for the Environmental Scan

1.1 Landscape of Cancer in Canada

In Canada, cancer will inevitably affect every person at some time in their life – nearly 1 in 2 people will receive a cancer diagnosis.⁸ Given these statistics, it is not surprising that cancer is consistently reported as the leading cause of death in Canada, though the rates of mortality are decreasing.⁸ When comparing these rates between Indigenous and non-Indigenous populations, however, new diagnoses are disproportionately higher for Indigenous peoples^{9,10} and they have poorer survival for 14 of 15 of the most common types of cancer.¹¹

To assist both Indigenous and non-Indigenous people affected by cancer are “formal” and “informal” supports. These supports include all interventions across the continuum of care.¹²

Continuum of Cancer Care



While the majority of formal and informal supports focus on servicing all residents of Canada, some are specific to addressing the barriers to cancer care unique to First Nations, Inuit, and Métis people. The intention of these culturally-relevant supports is to increase the quality of care for Indigenous peoples affected by cancer and to consequently close the gap between the discrepancy of survival outcomes between Indigenous and non-Indigenous cancer patients.

The following section will define and describe formal and informal supports, and how these supports fare with respect to the needs of the most prominent Indigenous groups in Saskatchewan, First Nations and Métis.

1.2 Formal & Informal Cancer Supports

Formal Supports

In Canada, formal supports are an organization of people, institutions, and resources whose primary intent is to promote, restore, and maintain health.¹³ Some of these supports are provided through national services, though most are delivered via provincial, territorial, and municipal health authorities and organizations.

Formal support can involve direct and indirect supports that work alongside each other to benefit the patients, their families, and their caregivers in all aspects of their cancer journey.¹³

Direct Care (Medical Services)

- Doctors
- Hospitals

Indirect Care (Non-medical Services)

- Look Good, Feel Better
 - Support groups for women with cancer¹⁴
(National organization)
- Mobile Breast Screening Program
 - Mobile bus that offers mammograms to women in rural/remote Saskatchewan¹⁵
(Provincial agency; SK Cancer Agency)
- Cancer Patient Navigator Program
 - Navigation services provided at Victoria Hospital in Prince Albert, SK¹⁶
(Municipal program)

Informal Supports

Informal supports take place outside of a professional context to assist with activities of daily living.¹³

People who offer informal supports:

- Spouses/significant others
- Parents & children
- Relatives
- Friends

Tasks that informal supports may undertake include:

- Driving the patient to appointments
- Preparing meals
- Housekeeping
- Medicine management



1.3 Common Cancer Supports

In this section, we outline common formal supports available to all people affected by cancer. At the same time, we describe the gaps in these supports for addressing the needs of Indigenous peoples affected by cancer.



This symbol indicates when the cancer support is discussed with relation to Indigenous peoples

Prevention and Cancer Patient Resources

A cancer diagnosis can cause a range of challenges and concerns: What is cancer? What are the treatment options? What kind of emotional, financial, or other supports are available for the patient and their family? Resources that answer these types of questions are available that help provide an understanding of the cancer journey and how to navigate the cancer care system. Further, resources include preventative efforts, such as smoking cessation programs.



Prevention programs have the greatest impact when their verbal and visual messages, imagery, language, and style reflect the language and culture of the intended audience.¹⁷ Each Indigenous group should have culturally-sensitive and accurate information on cancer to promote awareness, encourage prevention, and to help understand their cancer diagnosis and treatment options.

An example is smoking cessation programs for Indigenous peoples that distinguish between the use of Traditional and commercial tobacco.

Participating in Screening

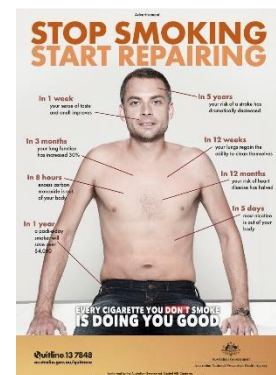
Checking for cancer (or for abnormal cells that may become cancer) in people with no symptoms is called “screening”.¹⁸ Regular screening is important for early detection of cancer, and the earlier that cancer is identified, the easier it is to treat. The risk of neglecting to screen or having a lack of access to screening is that the cancer can spread, it becomes harder to treat, and there is a poorer chance of survival.

Most provinces offer screening for breast, cervical, and colorectal cancer for both urban and rural communities (e.g., mobile screening buses, FIT tests).



First Nations people have historically low rates of participation in organized cancer screening programs.^{3,5,19} Although Métis people appear to be approaching national rates of screening participation, rates can vary substantially across regions and sometimes do not reach national standards.²⁰

Low screening rates may stem from factors such as: 1) fear and mistrust because of historical and ongoing racism within the Canadian medical system,²¹ and 2) because of the stigma of cancer in some communities (“If I don’t acknowledge it [cancer symptoms, it will go away]”).²²



Cancer Treatment

Chemotherapy, radiation therapy, and surgery are the most common forms of conventional medical treatments for cancer. These treatments are conducted in hospitals or cancer centres with the aim to shrink cancer cells or cut out the tumour.

Indigenous peoples may choose to use traditional medicine instead of or in combination with conventional treatments. Indigenous patients may access traditional medicine from supports that offer cultural and spiritual services in hospitals and cancer centres, through other organizations, or in their home communities.



Interpretation Services

In Saskatchewan, people that do not have sufficient English language skills to participate in a health care decision-making process may access interpreters and translators if they are available in their preferred language. These roles are crucial to facilitating verbal and nonverbal communication and 'mediating' concepts and cultural practices as needed.

Communicating with health care workers and the signage in health care settings can be major barriers for Indigenous patients that are not fluent in English and medical terminology. To note, how language is used is also important in communication. For example, in some communities, it is unacceptable to talk about "death" or "palliation".

Medical Transportation

Volunteer drivers are available through the Cancer Society for any patients in Regina and Saskatchewan. However, for patients from remote communities that do not have the means to travel, their lack of transportation means they may miss their appointments and treatments.

Although transportation is covered for First Nations and Inuit through the federal government's Non-Insured Health Benefits, there are no services provided for the Métis. For Métis to receive support for transportation (and First Nations to receive additional support), this must be allocated at the provincial or municipal level. For First Nations and Inuit approved for medical travel, travel applies only for the patient unless they require translation. This means that travelling to access formal supports may be at the expense of leaving behind their informal support systems.

Accommodations

The cost of accommodation can be challenging for rural and remote patients traveling for appointments and treatments. Patient lodges and housing are an alternative to hotels that are more cost-effective option. They are often located close to hospitals or treatment centres, provide a "home-away-from-home", and aim to create a supportive environment for patients and their companions.

Indigenous patient lodges offer a culturally-safe and comfortable atmosphere, particularly for Indigenous peoples coming from rural and remote communities.²³

Cancer Patient Navigators

Cancer patient navigators help patients and families through the cancer care system from diagnosis to follow-up care. They can provide resources specific to the patient's community, coordinate tests and attend visits for cancer appointments, and provide patient advocacy.

Because Indigenous peoples may experience different barriers to care, have a different world view that impacts the concepts of health and health, and may consider traditional medicine as part of their cancer treatments, Indigenous cancer patient navigators can help address these needs that a non-Indigenous person could not.²⁴ These supports are offered in many provinces across Canada.

Palliative Care

Palliative care is provided by mainstream health staff at a dedicated palliative care centre. Its focus is to support the physical (e.g. pain control, symptom management), psychological, and spiritual needs of both the person living with a life-ending illness and their family.

Many Indigenous communities located far from urban centres or smaller regional hospitals do not have formal palliative programs. As a result, patients must choose between leaving their home and communities for compassionate/comfortable end-of-life care. Further, the end-of-life-care may not be culturally sensitive or accommodating to the worldview of Indigenous peoples.

2. Methodology

2.1 How the Scan was Conducted

When & Where

The search was run through the search engine Google and from January 1 – March 31 in 2019.

Inclusion & Exclusion Criteria

The search included:

- Provincial and municipal supports
- Indigenous-specific supports
- Cancer and relevant supports

The search excluded:

- Federal supports
 - e.g. Non-Insured Health Benefits Program
- Non-specific supports (i.e. for both Indigenous and non-Indigenous people) unless it addressed a barrier to care commonly reported by Indigenous peoples
 - e.g. supports that service all peoples in rural and remote communities
- Non-relevant supports
 - e.g. HIV/AIDS services for Indigenous patients

2.2 Where the Search was Conducted

Before doing the search, a coding sheet was created to categorize formal cancer supports (e.g. screening, patient navigation, informational sources) for First Nations, Métis, and/or Inuit patients and their families by province or territories. The search was then conducted in four waves:

1. Searching Provincial, Territorial, and Municipal Health Care Services

Cancer agencies, cancer centres, and health authorities' websites were searched and organized by province. Each website was examined for information relating to supports for Indigenous patients and their families (e.g. programs, services, resources). The websites of the Canadian Cancer Society and Canadian Partnership Against Cancer were also explored to identify provincial, territorial (e.g. rural, northern), and municipal supports. Supports specific to patients from any or all Indigenous groups were recorded.

2. Systematic Online Search

Other potential support services were searched using combinations of search terms (i.e. a search strategy). Cancer support services were searched by using combinations of the following search terms in Table 1.

Indigenous-related	Health-related	Support-related	Support-specific
Indigenous	Cancer	Supports	Accommodations
Aboriginal	Patients	Program	Lodging
First Nations	Health	Services	Travel
Métis	Health care	Resources	Screening
Inuit		Aid	Resource
			Navigator
			Translators
			Palliative

3. Hand Searching

From the initial searches, we identified several resources created for Indigenous patients and their families that highlight the services available for that province or territory. Hand searching was done through each resource to identify additional supports.

4. Contacting Health Care Professionals in Saskatchewan

Because the intent of the scan was to identify information readily available to the public, we did not contact agencies or organizations to request a list of their Indigenous-specific supports. However, several resources for Saskatchewan were found when hand searching that were not in search engine results, which led to our decision to directly contact health care workers in Saskatchewan to ensure comprehensive and accurate reporting of their services. No additional services relevant to our search were provided, but are available in Appendix 1.

3. Findings of Environmental Scan

3.1 Presenting the Results

This section presents the results of the environmental scan in the order of the scan's two objectives:

1. Identify Indigenous Cancer Supports in Saskatchewan
2. Synthesize, compare, and contrast Indigenous-specific cancer supports in other provinces to those in Saskatchewan

In our search, we identified a variety of supports such as cancer programs (e.g. mobile screening programs through organizations) and services (e.g. language translation services in hospitals).

Supports were categorized into twelve themes:

- Prevention
- Patient Resources
- Screening
- Cancer Patient Navigators
- Traditional Medicine & Wellness
- Accommodations
- Medical Travel
- Language Interpretation
- Nutrition & Diet
- Support Groups
- Discharge Planning
- Palliative Care

3.2 Indigenous Cancer Supports in Saskatchewan

While there were many supports available to cancer patients in Saskatchewan, there was only one travel-related support specific to Métis at the time of our research. However, there are general supports for patients from all Indigenous groups in Canada admitted to Saskatoon and Regina hospitals through First Nations and Métis Health Services (Saskatoon), Native Health Services (Regina), and the Eagle Moon Health Office (Regina). There are also supports that are not specifically for Indigenous persons, but address barriers to cancer care that are common in some Indigenous communities.

The following section outlines the available cancer-specific and general health supports for Indigenous peoples in Saskatchewan.

Indigenous-specific Cancer Supports in SK

Medical Travel: In June 2020, the Metis Nation – Saskatchewan launched the MN-S Cancer Transportation Pilot Program to offer financial assistance to registered Métis citizens traveling to and from cancer-related appointments in Saskatchewan. The financial assistance covers fuel and parking expenses.



First Nations and
Métis Health Service



Indigenous-specific General Health Supports in SK

1. **Traditional Healing:** Elder support is available at Royal University Hospital and St. Paul's Hospital in Saskatoon and smudging ceremonies are offered at Saskatoon City Hospital through the Saskatchewan Health Authority's Spiritual and Cultural Care Services.²⁵
2. **Screening:** The Saskatchewan Cancer Agency's Screening Program for Breast Cancer travels to rural and northern Saskatchewan via a mobile bus to provide mammography.¹⁵
3. **Translation:** Depending on the availability of translators, the Saskatchewan Health Authority's First Nations and Métis Health Services offers in-hospital interpretation services and translation. Translation is offered in 3 of the 7 linguistic groups: Cree, Dené, and Saulteaux.²⁶

In general, Saskatchewan offers some support for Indigenous patients, though these supports are primarily offered only when patients are in the hospital. Additional supports should address care for outpatients and in the community, which is where cancer care predominantly occurs.

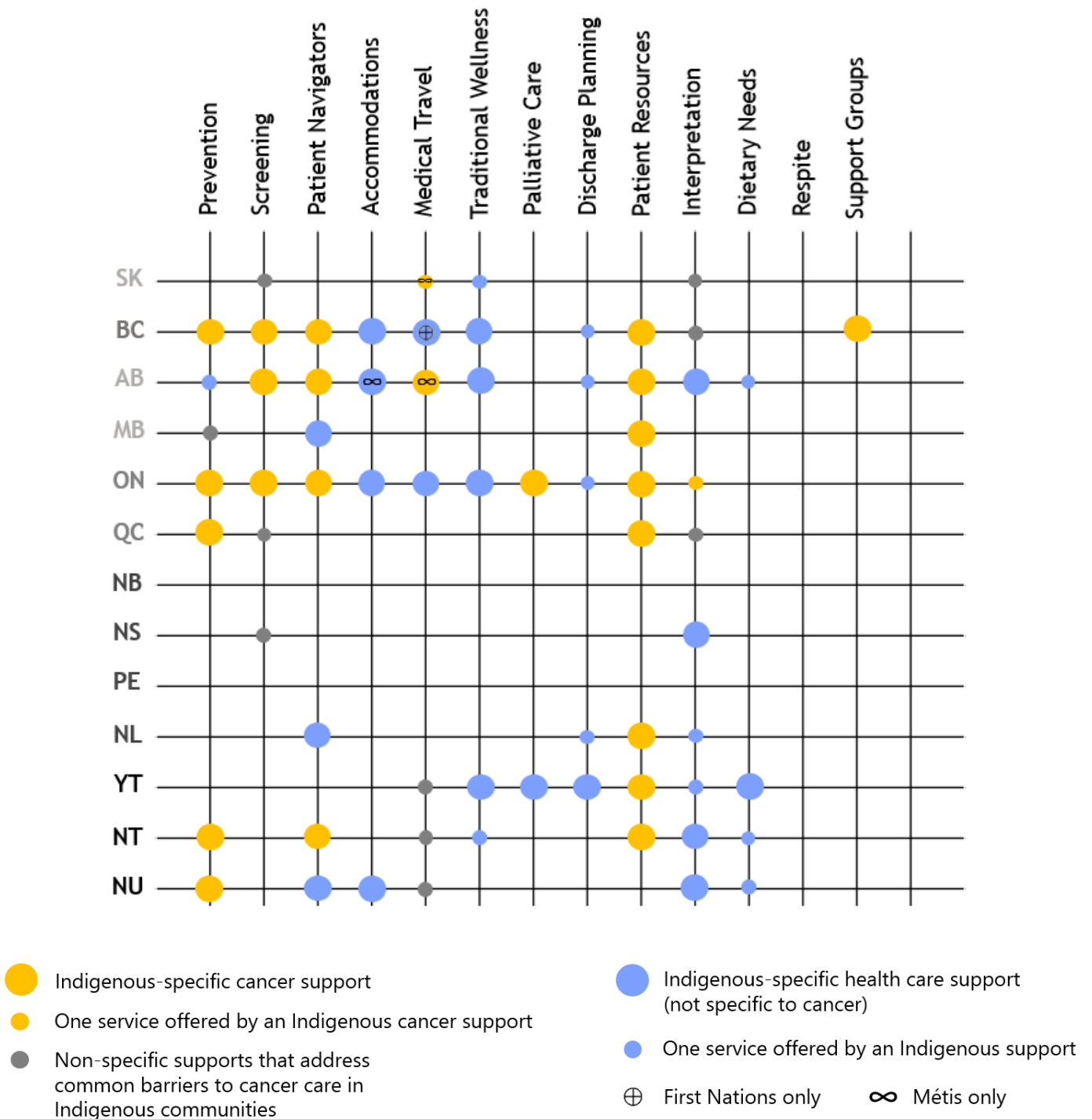
An additional point to note is that there are no data on whether Indigenous peoples affected by cancer in Saskatchewan are using generic cancer supports. Information on the proportion of Indigenous cancer patients who choose to access generic supports is important to address to determine the need of culturally-relevant cancer supports for Indigenous cancer patients.



3.3 Synthesis of Indigenous Cancer Supports in Canada

With the exception of the Maritime Provinces, all other provinces had at least one cancer support specifically for Indigenous cancer patients. Figure 1 below illustrates what supports were available in each province and the following section highlights some of these supports (see Appendix 1 for a comprehensive list).

Figure 1. Cancer and General Health Care Supports for Indigenous Peoples by Province



Prevention

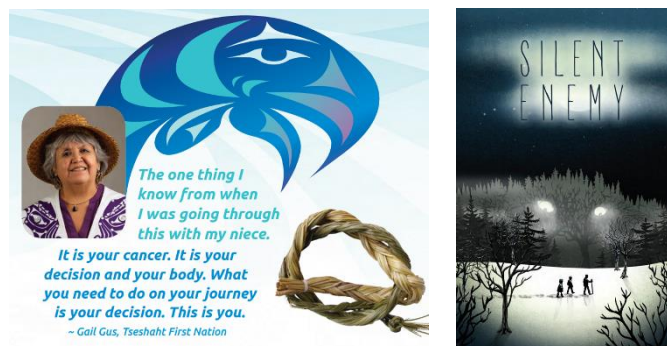
Prevention resources, programs, and initiatives were among the most common forms of Indigenous-specific cancer supports. The majority focused on smoking prevention that emphasized differences between the use of commercial tobacco (i.e. cigarettes, chewing tobacco) and traditional tobacco (e.g. for ceremony). This information was delivered primarily through promotional tools that used culturally relevant imagery and language.

- BC – First Nations Health Authority (FNHA):²⁷ The FNHA's Respecting Tobacco has several smoking cessation initiatives: the Tobacco Timeout Challenge (smoke-free Tuesdays to enter a draw for \$250), a smoking prevention commercial for First Nations youth, Smokestack Sandra's Tobacco-cessation Podcast, and Inside Out to increase awareness about the effects of second hand smoke
- ON, Ontario Cancer Control – Colorectal Cancer Toolkit:²⁸ Culturally-relevant education, materials, and awareness initiatives of colorectal cancer for Indigenous communities
- NV – NuQuits:²⁹ Tobacco cessation guides for Inuit in English, French, Inuktitut, and Inuinnaqtun. These entail smoking prevention and cessation resources for adults and activity books for children that demonstrate the harms of tobacco use through word games and puzzles



Patient Resources

Patient resources ranged from patients guides and videos to comic books for Indigenous peoples affected by cancer. Patient guides were most common and primarily featured cancer terminology (e.g. benign), patients' rights, and information regarding cancer supports.

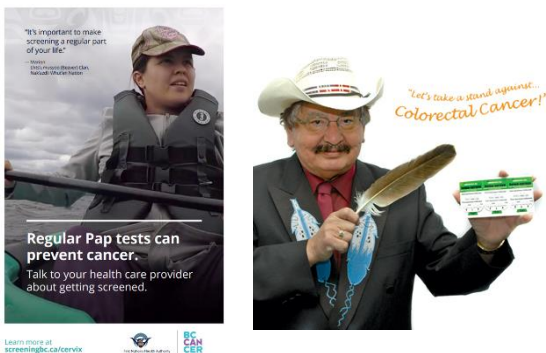


- AB – Alberta Health Services:³⁰ The Indigenous Cancer Care Experiences video series shares short stories based on Indigenous story-telling to raise awareness about the cancer journey of Indigenous patients and their families and to promote understanding with healthcare providers
- BC – BC Cancer Agency:³¹ In addition to informational resources, the guide *Living with Cancer: Everyone Deserves Support* presents Indigenous patients' experiences with cancer. The guide contains space to organize and document contacts, questions, and appointments. Two versions were created: one for First Nations and the other for Métis people with the difference being the design aesthetics
- ON – Cancer Care Ontario:³² A Silent Enemy is a comic book developed by a First Nations community in partnership with the First Nations Health Authority and CAREX Canada. It is designed to educate and provide awareness to youth about cancer through a story about a family supporting the father's lung cancer treatment and recovery

Screening

Screening was supported through two means: screening education and screening services. Education was through culturally-relevant health promotion (e.g. posters, fact sheets) that emphasized the importance of early cancer detection.

- BC – BC Cancer & FNHA: ³³ Screening resources include posters, a YouTube video of a cancer survivor's screening story, and the website for the Screen for Wellness campaign where individuals can sign up to receive updates of screening services in their area
- ON – Cancer Care Ontario: ³⁴ Provides fact sheets for colorectal, breast, and cervical cancers that use imagery specific to each Indigenous group (First Nations, Métis, Inuit)



Cancer Patient Navigation

Several provinces offered Indigenous patients general or cancer-specific navigation. The roles of navigators varied, ranging from advocating for the patient to facilitating cultural needs.

- AB – Alberta Health Services: ³⁵ The Indigenous Nurse Navigator is an oncology nurse who is familiar with the healthcare system and process of cancer diagnosis, treatment, and recovery. Particular considerations regard accessibility to health care, finance, and accommodations

- BC – BC Cancer: ³⁶ The roles of Indigenous Cancer Care Counsellor include patient advocacy, counselling support for patients and family members, spiritual and cultural needs, and attending appointments

Traditional Healing and Wellness

Although there were no Traditional Healing centres or programs specifically for Indigenous people with cancer, several were available for all Indigenous peoples receiving medical care. They ranged from spaces created for Indigenous ceremonies (e.g. smudging) to programs that offer care by Traditional Healers

- AB – Alberta Health Services: ³⁷ The Elbow River Healing Lodge offers many services including onsite Elders, Traditional wellness and healing (spiritual, cultural, and ceremonial supports), family focused care, and traditional dietary services
- MB – Winnipeg Regional Health Authority: ³⁸ The Traditional Wellness Clinic offers Traditional Healing for both Indigenous and non-Indigenous people receiving medical care in Winnipeg
- ON – Southwest Ontario Aboriginal Health Access Centre: ³⁹ This centre is an Indigenous-informed health care agency that provides a variety of services, one of which is Traditional Healing. For this service, a Traditional Health Liaison assists the patient and Traditional Healer through sessions that may consist of storytelling, drumming, singing, and/or smudging



Accommodations

Lodging specifically for Indigenous patients requiring medical travel were prevalent, and often provided additional supports for patients and families (e.g. meals, transportation).

- AB – Métis Nation of Alberta: ⁴⁰ The Métis Capital Housing Corporation's Renaissance Tower provides free and reliable accommodations for Métis citizens of Alberta with low income travelling to Edmonton for medically necessary appointments or treatment

- BC – Lu'ma Native Housing Society: ²³ Since 2004, Lu'ma's Aboriginal Patients' Lodge has offered 8 apartments for patients from BC and YT travelling to Vancouver for appointments and treatments. This was inspired by Indigenous patient advocates from BC Women's Hospital & Health Centre to provide culturally safe and appropriate accommodations for Indigenous patients

- ON – Wequedong Lodge of Thunder Bay: ⁴¹ Provides accommodation for Indigenous patients who must travel to Thunder Bay for appointments and treatment. Accommodations include meals, language translation, transportation to medical appointments, and referral services



Lu'ma Native Housing
Society

Aboriginal

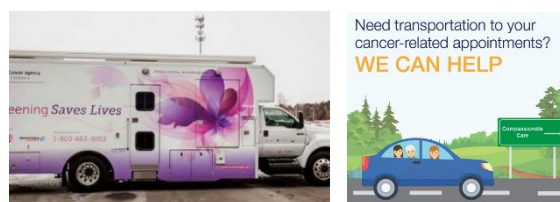


Patients' Lodge

Medical Travel

Medical travel for status Indians and Inuit are covered through Non-Insured Health Benefits. Several programs offer medical travel for non-status Indians and Métis patients:

- AB – Métis Nation of Alberta (MNA): The Compassionate Care: ⁴² Cancer Transportation Pilot Program provides financial assistance to MNA citizens living in northern Alberta who must travel to and from their cancer-related appointments



Language Interpretation

Interpretation services are offered to those who request support while receiving and/or are about to receive medical treatment. Some are promoted as a distinctly Indigenous support whereas others are through general interpretation services that happen to include an Indigenous language (indicated through grey dots in Figure 1).

- NS – The Confederacy of Mainland Mi'kmaq: ⁴³ The Native Hospital Interpreter Liaison Program offers translation services in Mi'kmaq to those who request support while receiving and/or are about to receive medical treatment

- MB – Winnipeg Regional Health Authority: ⁴⁴ Indigenous Language Interpretation is offered through Indigenous Health in Cree, Ojibway, and Oji-Cree

- ON – Wequedong Lodge of Thunder Bay: ⁴¹ Translation is provided in Ojibway, Oji-Cree and Swampy Cree, and includes accompaniment to medical appointments

Nutrition & Dietary Needs

Nutrition was addressed through various programs such as cooking classes for preparing nutritious traditional foods, dietary recommendations from health professionals (e.g. registered dietitians), and serving traditional foods for patients in hospital.

- BC – Vancouver Native Health Society: ⁴⁵ The Aboriginal Cancer Care Program offers health kitchens where Indigenous patients and family members can prepare nutritious traditional meals
- YT – Whitehorse General Hospital: ⁴⁶ The First Nations Health Cultural Program offers traditional foods to Indigenous patients when they are in the hospital. Foods include moose and caribou soups and stews, and all wild game are sourced from local hunters, outfitters, and conservation officers

Support Groups

There are many cancer support groups that differ by demographic (e.g. young adults with cancer, women with cancer), but currently only one was reported for Indigenous patients.

- BC – Vancouver Native Health Society: ⁴⁵ The Aboriginal Cancer Care Program offers talking circles for patients and their families to share and discuss their experiences with cancer

Although this support group was the only one identified, it is important to note that support groups may transpire informally in communities.



Discharge Planning

Logistical support for discharge planning from the hospital was through other Indigenous health initiatives. Discharge planners assist patients and family members with transportation, coordinating home care, and providing medical equipment.

- MB – Winnipeg Regional Health Authority: ⁴⁷ Aboriginal Health Services employs Regional Discharge Planning Coordinators to ensure that all involved (e.g. community, health facilities) collaborate on a discharge plan

Palliative Care

Although palliative care itself was not offered specifically for Indigenous cancer patients, two provinces offered palliative care support:

- ON – Cancer Care Ontario: ⁴⁸ The Palliative Care Toolkit for Aboriginal Communities is a resource to support those with cancer requiring palliative care. It provides personal stories and material that cover topics such as coping with grief and loss, information to support decision-making and planning for patients with advanced cancer, and how caregivers can support patients with advanced cancer
- YT – Yukon Hospitals: ⁴⁹ The First Nations Elder's Suite is a self-contained unit at the Whitehorse General Hospital that is available for First Nations families to provide short-term accommodation for when a family member is in palliative care

To note, some resources listed in Patient Resources provide information regarding palliative and end-of-life care (e.g. BC Cancer's Living with Cancer: Everyone Deserves Support).

4. Conclusions

While Saskatchewan has several formal supports for cancer patients and for Indigenous patients in general, the environmental scan revealed that there are currently no cancer supports specific to Indigenous peoples in the province. By contrast, all other provinces and territories (with the exception of the Maritime provinces) provide at least one type of Indigenous-specific cancer support. The services and programs offering these supports highlight the possibilities of culturally-relevant cancer care support for Indigenous peoples in Saskatchewan.

The remaining projects that comprise Sâkipakâwin involve interviews with Indigenous patients and health care professionals in Saskatchewan to discuss gaps in Indigenous cancer care. In combination with this environmental scan, the results of this research will identify these gaps to inform potential services for supporting Indigenous patients with cancer and their families. Further, the services and programs offered in other provinces that were collected in the environmental scan may inform future supports.

The Sâkipakâwin team thank the community members, patient partners, and stakeholders who shared their expertise during discussions throughout this project. Special thanks to the Saskatchewan health care professionals who were involved in ensuring that this report contained a comprehensive and accurate report of relevant supports, and to the funding support from the Saskatchewan Health Research Foundation (SHRF) and the Saskatchewan Centre for Patient-Oriented Research (SCPOR).

Appendix 1: List of Indigenous-specific Cancer Supports by Type of Support and Province

Prevention

- AB – Alberta Health Services and Indigenous Health Services: Traditional Tobacco Use
- BC – Vancouver Native Health Society (VNHS) Tobacco Cessation Info and Support Group
- BC – First Nations Health Authority: Respecting Tobacco
- NV – Government of Nunanut: NuQuits
- ON – Cancer Care Ontario: Aboriginal Tobacco Program
- ON – Ontario Cancer Control: Colorectal Cancer Toolkit
- ON – Regional Cancer Care, Northern Cancer Fund: Ontario Breast Screening Program
- ON – Cancer Care Ontario: Path to Prevention: Recommendations for Reducing Chronic, Disease in First Nations, Inuit and Métis
- QC – The Breathe Easy Kit

Patient Resources

- AB – Alberta Health Services: Guide to Cancer Care in Alberta for Newly Diagnosed Indigenous Peoples; Indigenous Cancer Care Experiences Video Series
- BC – BC Cancer Agency: Living with Cancer: Everyone Deserves Support; Pathfinders
- BC – Northern Health: Sacred Spaces and Gathering Places in Northern Health
- MB – Cancer Care Manitoba: First Nations Patient Guide; Patient Story Video: Underserved Population
- NL – Eastern Health: Cancer Care My Journey; Cancer Care and Body Part Terminology
- NWT – Cancer NWT: Navigating Your Cancer Journey: A Resource for Cancer Patients in the Northwest Territories; Patient Support – Let’s Talk About Cancer
- ON – Cancer Care Ontario: A Silent Enemy; Cancer 101 Toolkit for First Nations, Inuit and Métis People
- YT – Government of YT: Guide for Travelling Yukon Patients

Screening

- AB – Alberta Health Services: Screening for Life and Screen Test
- BC– BC Cancer: Screen for Wellness
- ON – Cancer Care Ontario
- QC – Government of Quebec: Quebec Breast Cancer Screening Program

Cancer Patient Navigation

- AB – Alberta Health Services: The Indigenous Nurse Navigator
- BC – BC Cancer: Indigenous Cancer Care Counsellors
- BC – Interior Health: Aboriginal Patient Navigator
- MB – Winnipeg Health Authority & Assembly of Manitoba Chiefs: Patient Advocate Unit
- MB – Manitoba Keewatinowi Okimakanak Inc.: Client Navigators
- ON – Cancer Care Ontario: Aboriginal Patient Navigators



Cancer Patient Navigation (Continued)

- ON – De dwa da dehs nye>s Aboriginal Health Centre: Aboriginal Patient Navigator
- NL – St. John’s Friendship Centre: Aboriginal Patient Navigator Program

Traditional Wellness

- AB – Alberta Health Services: The Elbow River Healing Lodge; Indigenous Cultural Helper; Traditional Wellness Coordinator
- MB – Winnipeg Regional Health Authority: The Traditional Wellness Clinic; Spiritual & Cultural Care Provider
- NWT – Stanton Territorial Hospital Aboriginal Wellness Program
- ON – Southwest Ontario Aboriginal Health Access Centre
- ON – De dwa da dehs nye>s Aboriginal Health Centre
- YT – Yukon Hospitals: The Na’Ku Healing Room; First Nations Health Cultural Programs

Accommodations

- AB – Métis Nation of Alberta: Métis Capital Housing Corporation’s Renaissance Tower
- AB – Larga House
- BC – Lu'ma Native Housing Society: Aboriginal Patients’ Lodge
- NL – St. John Friendship Centre: Shanawdithit Shelter
- NWT – Stanton Territorial Health Authority: Lena Peterson Boarding House, Kitikmeot Boarding Home, & Vital Abel House
- NWT – Nunasi Corporation: Larga Kitikmeot
- ON – Wequedong Lodge of Thunder Ba
- ON – Larga-Baffin
- ON – Ottawa Hospital - Windocage Community Room

Medical Travel

- AB – Métis Nation of Alberta: Compassionate Care: Cancer Transportation Pilot Program
- BC – First Nations Health Authority: Medical Transportation
- MB – Government of Manitoba: Northern Patient Transportation Program
- NWT – Government of NWT: GNWT Medical Travel Program •ON – De dwa da dehs nye>s Aboriginal Health Centre: Wheels for Seniors
- QC – Regroupement Mamit Innuat – Patient Services
- QC –The Native Friendship Centres of Val-d’Or and Senneterre
- QC – Wiichihituwin – Cree Board of Health and Social Services of James Bay
- YT – Yukon Health Care Insurance Plan



Language Interpretation

- AB – Alberta Health Services:
- BC – Interior Health: Spoken language interpreters
- NL – Aboriginal Patient Navigator Program
- NS – Confederacy of Mainland Mi'kmaq: Native Hospital Interpreter Liaison Program
- NV – Ottawa Baffin Nunavut Health Services: Interpretation Services
- NWT – Stanton Territorial Hospital: Language Services
- YT – Whitehorse General Hospital: First Nations Health Cultural Programs

Nutrition & Dietary Needs

- AB – Alberta Health Services: Elbow River Healing Lodge
- AB – Alberta Health Services: The Indigenous Health and Nutrition Team
- BC – Vancouver Native Health Society: The Aboriginal Cancer Care Program
- BC – First Nations Health Authority: Eating Healthy
- NWT – Stanton Territorial Hospital Yellowknife: Aboriginal Wellness Program
- YT – Whitehorse General Hospital: The First Nations Health Cultural Program

Support Groups

- BC – Vancouver Native Health Society: The Aboriginal Cancer Care Program

Discharge Planning

- AB – Alberta Health Services: Indigenous Health Coordinator Services/Health Liaison Services; Northern Health Services Network
- MB – WRHA Indigenous Health: Regional Discharge Planning Coordinator
- YT – Yukon Hospitals: Community Liaison Discharge Planners

Palliative Care

- ON – Cancer Care Ontario: The Palliative Care Toolkit for Aboriginal Communities
- YT – Yukon Hospitals: The First Nations Elder's Suite

References

1. Younging, G. (2018). *Elements of Indigenous style: A guide for writing by and about Indigenous peoples*. Brush Education.
2. Glover, M., Kira, A., Johnston, V., Walker, N., Thomas, D., Chang, A. B., ... & Brown, N. (2015). A systematic review of barriers and facilitators to participation in randomized controlled trials by Indigenous people from New Zealand, Australia, Canada and the United States. *Global health promotion, 22*(1), 21-31.
3. Kolahdooz, F., Jang, S. L., Corriveau, A., Gotay, C., Johnston, N., & Sharma, S. (2014). Knowledge, attitudes, and behaviours towards cancer screening in indigenous populations: a systematic review. *The Lancet Oncology, 15*(11), e504-e516.
4. Hammond, C., Thomas, R., Gifford, W., Poudrier, J., Hamilton, R., Brooks, C., ... & Warner, D. (2017). Cycles of silence: First Nations women overcoming social and historical barriers in supportive cancer care. *Psycho-oncology, 26*(2), 191-198.
5. Maar, M., Burchell, A., Little, J., Ogilvie, G., Severini, A., Yang, J. M., & Zehbe, I. (2013). A qualitative study of provider perspectives of structural barriers to cervical cancer screening among first nations women. *Women's Health Issues, 23*(5), e319-e325.
6. Kewayosh, A., Marrett, L., Aslam, U., Steiner, R., Moy, M. L. K., Imre, J., & Amartey, A. (2015). Improving health equity for First Nations, Inuit and Métis people: Ontario's Aboriginal Cancer Strategy II. *Healthcare quarterly (Toronto, Ont.), 17*, 33-40.
7. McGahan, C. E., Linn, K., Guno, P., Johnson, H., Coldman, A. J., Spinelli, J. J., & Caron, N. R. (2017). Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010. *Cancer Causes & Control, 28*(10), 1105-1116.
8. Canadian Cancer Society's Advisory Committee on Cancer Statistics. (2017). *Canadian Cancer Statistics 2017*. Toronto, ON: Canadian Cancer Society.
9. Elias, B., Kliwer, E. V., Hall, M., Demers, A. A., Turner, D., Martens, P., ... & Munro, G. (2011). The burden of cancer risk in Canada's indigenous population: a comparative study of known risks in a Canadian region. *International journal of general medicine, 4*, 699.
10. Marrett, L., Jones, C. R., & Wishart, K. (2006). First Nations cancer research and surveillance priorities for Canada: Workshop report, September 23-24, 2003. Ottawa, Ontario.
11. Aboriginal Cancer Care Unit, Cancer Care Ontario. Aboriginal Cancer Care Needs Assessment "It's Our Responsibility". Cancer Care Ontario, 2003.
12. Hudson, M. M. (2005). A model for care across the cancer continuum. *Cancer: Interdisciplinary International Journal of the American Cancer Society, 104*(S11), 2638-2642.
13. Guidry, J. J., Aday, L. A., Zhang, D., & Winn, R. J. (1997). The role of informal and formal social support networks for patients with cancer. *Cancer Practice, 5*(4), 241-246.
14. Look Good, Feel Better. Retrieved from: <https://lgfb.ca/en/>
15. Saskatchewan Cancer Agency. *Where can I go for a Mammogram?* Retrieved from: <http://www.saskcancer.ca/screening-article/where-can-i-go-for-a-mammogram>
16. S. Jahn, personal communication, March 3, 2019
17. Kreps, G. L. (2008). Strategic use of communication to market cancer prevention and control to vulnerable populations. *Health Marketing Quarterly, 25*(1-2), 204-216.
18. National Cancer Institute Dictionary of Cancer Terms. Retrieved from: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/screening>

19. Reath, J., & Carey, M. (2008). Breast and cervical cancer in Indigenous women: overcoming barriers to early detection. *Australian family physician*, 37(3), 178.
20. Canadian Partnership Against Cancer. Métis Cancer Control in Canada Baseline Report. 2017. Retrieved from: <https://www.partnershipagaincancer.ca/wp-content/uploads/2017/12/metis-cancer-control-baseline-report.pdf>
21. Groot, G., Waldron, T., Barreno, L., Cochran, D., & Carr, T. (2020). Trust and world view in shared decision making with indigenous patients: A realist synthesis. *Journal of Evaluation in Clinical Practice*, 26(2), 503-514.
22. Prior, D. (2009). The meaning of cancer for Australian Aboriginal women; changing the focus of cancer nursing. *European Journal of Oncology Nursing*, 13(4), 280-286.
23. Lu'ma Native Housing Society. *Aboriginal Patients' Lodge*. Retrieved from: <http://lnhs.ca/aboriginal-health-wellness/>
24. Whop, L. J., Valery, P. C., Beesley, V. L., Moore, S. P., Lokuge, K., Jacka, C., & Garvey, G. (2012). Navigating the cancer journey: a review of patient navigator programs for Indigenous cancer patients. *Asia-Pacific Journal of Clinical Oncology*, 8(4), e89-e96.
25. Saskatchewan Health Authority. *Spiritual and cultural care services*. Retrieved from: https://www.saskatoonhealthregion.ca/locations_services/Services/Spiritual-Cultural
26. First Nations and Métis Health Service. *Interpretation & Translation*. Retrieved from: https://www.saskatoonhealthregion.ca/locations_services/Services/fnmh/service/Pages/What-We-Do.aspx
27. First Nations Health Authority. *Respecting Tobacco*. Retrieved from: <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/wellness-streams/respecting-tobacco>
28. Cancer Care Ontario. *Let's take a stand against... colorectal cancer! Toolkit*. Retrieved from: <http://ocp.cancercare.on.ca/cms/One.aspx?portalId=327895&pageId=43795>
29. Government of Nunavut. *NuQuits*. Retrieved from: <https://nuquits.gov.nu.ca/home>
30. Alberta Health Services. *Indigenous Cancer Care Experiences: Video Series*. Retrieved from: <https://myhealth.alberta.ca/Alberta/Pages/indigenous-cancer-care-experiences-video-series.aspx>
31. First Nations Health Authority. *Living with Cancer Resource*. Retrieved from: <https://www.fnha.ca/what-we-do/healthy-living/cancer-prevention>
32. Cancer Care Ontario. *Silent Enemy*. Retrieved from: <https://www.cancercareontario.ca/en/node/51156>
33. BC Cancer. *Indigenous Cancer Control*. Retrieved from: <http://www.bccancer.bc.ca/our-services/services/indigenous-cancer-control>
34. Cancer Care Ontario. *Recommended Resources for First Nations, Inuit, Métis & Urban Indigenous*. Retrieved from: <https://www.cancercareontario.ca/en/resources-first-nations-inuit-metis>
35. Alberta Health Services. *Helping Indigenous Patients Navigate Cancer Treatment*. Retrieved from: <https://www.albertahealthservices.ca/careers/Page12952.aspx>
36. BC Cancer. *Pathfinder: First Nations, Inuit and Métis Health*. Retrieved from: http://www.bccancer.bc.ca/library-site/Documents/pathfinder_FirstNations-General.pdf
37. Alberta Health Services. *Elbow River Healing Lodge*. Retrieved from: <https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1009201>

38. Winnipeg Regional Health Authority. *Spiritual and Cultural Care*. Retrieved from: <http://www.wrha.mb.ca/indigenous-health/services/spiritual.php>
39. Southwest Ontario Regional Health Centre. *Traditional Healing*. Retrieved from: <https://soahac.on.ca/service/traditional-healing/>
40. Métis Nation of Alberta. *Medical Accommodations*. Retrieved from: <http://albertametis.com/medical-accommodations/>
41. Wequedong Lodge of Thunder Bay. Retrieved from: <http://www.weqlodge.org/>
42. Métis Nation of Alberta. *Compassionate Care: Cancer Transportation Pilot Program*. Retrieved from: <http://albertametis.com/programs-services/compassionate-care-cancer-transportation-pilot-program/>
43. The Confederacy of Mainland Mi'kmaq. *Native Hospital Interpreter Liaison Program*. Retrieved from: <http://cmmns.com/program/health/>
44. Winnipeg Regional Health Authority. *Indigenous Language Interpretation*. Retrieved from: <https://www.wrha.mb.ca/indigenous-health/services/interpreter.php>
45. Vancouver Native Health Services. *Aboriginal Cancer Care Program*. Retrieved from: <http://www.vnhs.net/programs/aboriginal-cancer-care-program>
46. Yukon Hospitals. *Traditional Food Program*. Retrieved from: <https://yukonhospitals.ca/yukon-hospital-corporation/traditional-food-program>
47. Winnipeg Regional Health Authority. *Discharge Coordination and Planning*. Retrieved from: <https://www.wrha.mb.ca/indigenous-health/services/discharge.php>
48. Cancer Care Ontario. *Palliative Care Toolkit for Indigenous Communities*. Retrieved from: <https://www.cancercareontario.ca/en/guidelines-advice/treatment-modality/palliative-care/toolkit-aboriginal-communities>
49. Yukon Hospitals. *First Nations Health Facilities and Amenities*. Retrieved from: <https://yukonhospitals.ca/whitehorse-general-hospital/programs-and-services/first-nations-health-facilities-amenities>