

Health Policy as a Barrier to First Nations Peoples' Access to Cancer Screening

Les politiques de santé comme obstacle à l'accès des Premières Nations au dépistage du cancer

JOSHUA K. TOBIAS, JILL TINMOUTH, LAURA C. SENESE, NAANA JUMAH, DIEGO LLOVET, ALETHEA KEWAYOSH, LINDA RABENECK AND MARK DOBROW

TABLE 4. Policy documents included

Policy area	Produced by	Document title
Cancer services	Cancer Care Ontario (CCO)	Ontario Cancer Plan 4 (CCO 2015c)
		Ontario Cancer Plan 3 (CCO 2011)
	Ministry of Health and Long-Term Care (MOHLTC)	Patients First: Action Plan for Healthcare (MOHLTC 2015a)
	Cancer Services Implementation Committee	Report of the Cancer Services Implementation Committee (CSIC)
Cancer screening	Canadian Partnership Against Cancer (CPAC)	Guidelines on Performance Measurement for Organized Cancer Screening Programs (Chiarelli et al. 2008)
		Quality Determinants for Colorectal Screening in Canada (CPAC 2009)
		Strategies to Maximize Participation in Cervical Cancer Screening in Canada (CPAC 2010)
		The Canadian Strategy for Cancer Control: A Cancer Plan for Canada (CPAC 2006)
	Canadian Task Force on Preventative Health Care (CTFPHC)	Recommendations on Screening for Colorectal Cancer in Primary Care (CTFPHC 2016)
		Recommendations on Screening for Cervical Cancer (CTFPHC 2013)
		Recommendations on Screening for Breast Cancer in Average-Risk Women Aged 40–74 (CTFPHC 2011)
	CCO	Ontario Breast Screening Program (OBSP) Guidelines Summary (CCO 2015a)
	Ontario Institute for Cancer Research (OICR)	OICR Strategic Plan 2016–2021 (OICR 2015)

Policy area	Produced by	Document title
Indigenous health policy	First Nations Inuit Health Branch (FNIHB)	Medical Transportation Policy Framework: Non-Insured Health Benefits Program (Health Canada 2005).
		The First Nations and Inuit Health Branch Strategic Plan: A Shared Path to Improved Health (Health Canada 2012)
	Assembly of First Nations (AFN)	Action on Non-Insured Health Benefits (AFN 2014)
		Access to Cancer Screening and First Nations (AFN 2009)
	MOHLTC	Northern Health Travel Grants (MOHLTC 2015a)
		Aboriginal Health Strategy Overview (MOHLTC 2010)
	Health Services Integration Fund	Ontario Health Services Integration Fund Integration Plan (Health Canada 2011)
	Ontario Local Health Integration Networks (Ont LHINs)	Provincial Aboriginal LHIN Report 2014/15 (Ont LHINs 2016)
	Case 3 Local Health Integration Network	Local Aboriginal Health Committee Terms of Reference*
	Case 2 Local Health Integration Network	(Case 2) LHIN Health Services Blueprint*
Case 1 Local Health Integration Network	Indigenous Health Planning Committee Terms of Reference*	
	Indigenous Health Strategic Plan for (case 1)*	
Indigenous cancer screening	FNIHB	Medical Transportation for OHIP Funded Cancer Screening Appointments: Ontario Region – Non-Insured Health Benefits Program (Health Canada 2016)
	CPAC	First Nations, Inuit, and Métis Action Plan on Cancer Control (CPAC 2011)
	CCO	Aboriginal Cancer Strategy II (CCO 2012a) Aboriginal Cancer Strategy III (CCO 2015b)
	Regional Cancer Program A	RCP A Regional Aboriginal Cancer Plan (2011–2015)* RCP A Regional Aboriginal Cancer Plan (2016–2019)*
	Regional Cancer Program B	RCP B Regional Aboriginal Cancer Plan (2011–2015)*
	Regional Cancer Program C	RCP C Regional Aboriginal Cancer Plan (2011–2015)* RCP C Regional Aboriginal Cancer Plan (2016–2019)*

*Generic reference provided to maintain case confidentiality

TABLE 5. Key informants' perceptions of the cancer screening policy context

Theme	Selected quotations from key informants
Jurisdictional ambiguity	<p>"That's hard. Let me think ... Well I would think that the policies would change based on research. So, there is researchers involved. I would say NIHB definitely affect us. Like with the transportation. But my response to that question would be the ministry of health. But then I was trying to figure out where Cancer Care Ontario comes in. I'm not really sure." (Case 2, Community Health Director)</p> <p>"We get people who get told that they can't fly out for mammography and I'm sure that they should be allowed to. We talk to non-insured (NIHB) about this but they don't really seem to know what's covered sometimes. So it's really frustrating because it becomes kind of a guessing game." (Case 3, Community Health Nurse)</p> <p>"Other organizations probably exist, but I'm just not sure who they are or what they might do at the moment." (Provincial Informant)</p> <p>"We can improve [participation in screening] but we need to do it in collaboration with other organizations and communities. And we don't really know [who to include] but maybe they have policies in place that we can build on. But unless policies are developed in collaboration [with community and organizations] they are always going to run into problems." (Provincial Informant)</p>
Appropriateness of cancer screening program design for First Nations	<p>"What we've noticed is that the majority of healthcare policies in this province aren't created with First Nations people in mind. It's as though we are an afterthought. Like, let's take care of this big group of people now and we'll deal with these ones later. Well, these ones are the ones [that] need help now!" (Political Territorial Organization [PTO] Informant)</p> <p>"I don't really know if the [way that screening programs are designed] necessarily work for First Nations communities. We would need to do some more work and evaluate whether this might be a reason why people are slipping through. Certainly, when you look at risk factors for cancer and the rates in communities there would be a case for reviewing whether we need to broaden the screening guidelines." (First Nations Inuit Health Branch [FNIHB] Informant)</p> <p>"Well I don't think they really had us and our needs in mind when they put these things through. Like I think it's more of a 70/30 approach. Like let's figure out what will work for 70% of the population and then we'll figure out the rest later. The rest being those groups that might need a different way." (Case 1, Community Health Worker)</p> <p>"I think our entire screening model is built on a model around a primary care provider. It's built on the patient enrolment model. It's built on our ability to connect that primary care provider to the patient. So it's really founded on family docs and their ability to connect the dots for their patients. But we know that many of our First Nations, especially up North, don't have family docs. They maybe only get the chance to see a doc a handful of times a year, and it might be a different doc each time. So that makes it tough to ask if they're due for screening." (Provincial Informant)</p> <p>"There's a lot of people who lack family doctors and that's a problem in this LHIN and even more so for our urban Aboriginal population. A lot of them – especially men who are a bit more nomadic lifestyle in terms of living in the city for work but also having a home somewhere else. We may only see them for emergencies. So part of the challenge is not having a family doctor." (Case 1, Regional Cancer Program [RCP] Informant)</p> <p>"Well [evaluation] has always been an uphill struggle. Like medical transportation falls under the program framework of the Non-Insured Health Benefits. I don't think the program has never been reviewed in terms of policy, rates, or eligibility criteria." (Case 2, Community Health Director)</p> <p>"We have now finally got agreement from the government to undergo a comprehensive joint review of the whole Non-Insured Health Benefits program. That has never been done before; it's unprecedented! And we're actually for the first time ever equal partners at the table! [...] The challenge will be to find the experts that we can utilize from our side of the table and also come up with palatable, workable, feasible solutions to many of the existing problems." (PTO Informant)</p>
Lack of cultural competence	<p>"I'm learning more about it all the time but I'm not that familiar with it. I do understand that working with First Nations communities we do have the responsibility to understand that perspective. [...] What we have done with our staff is that we did some cultural sensitivity training. We spent a whole day going through that because we feel that it's important for all of us to have that understanding." (Case 3, RCP Informant)</p> <p>"Staff can learn about that if they want, but I'd rather have my staff learning to practice other things that will be more beneficial to how they can serve all of their patients instead of just a few that may not even present." (Case 2, RCP Informant)</p> <p>"Do I think it's possible to change things? Yes I do. Now if you had asked me this question a couple of years ago I probably would have said no. But things are different with the new government. There seems to be less talk about how much money we can save and a little more talk about how many people we can help. Now, I guess we'll have to wait and see if this is just talk but I'm hopeful." (FNIHB Informant)</p>