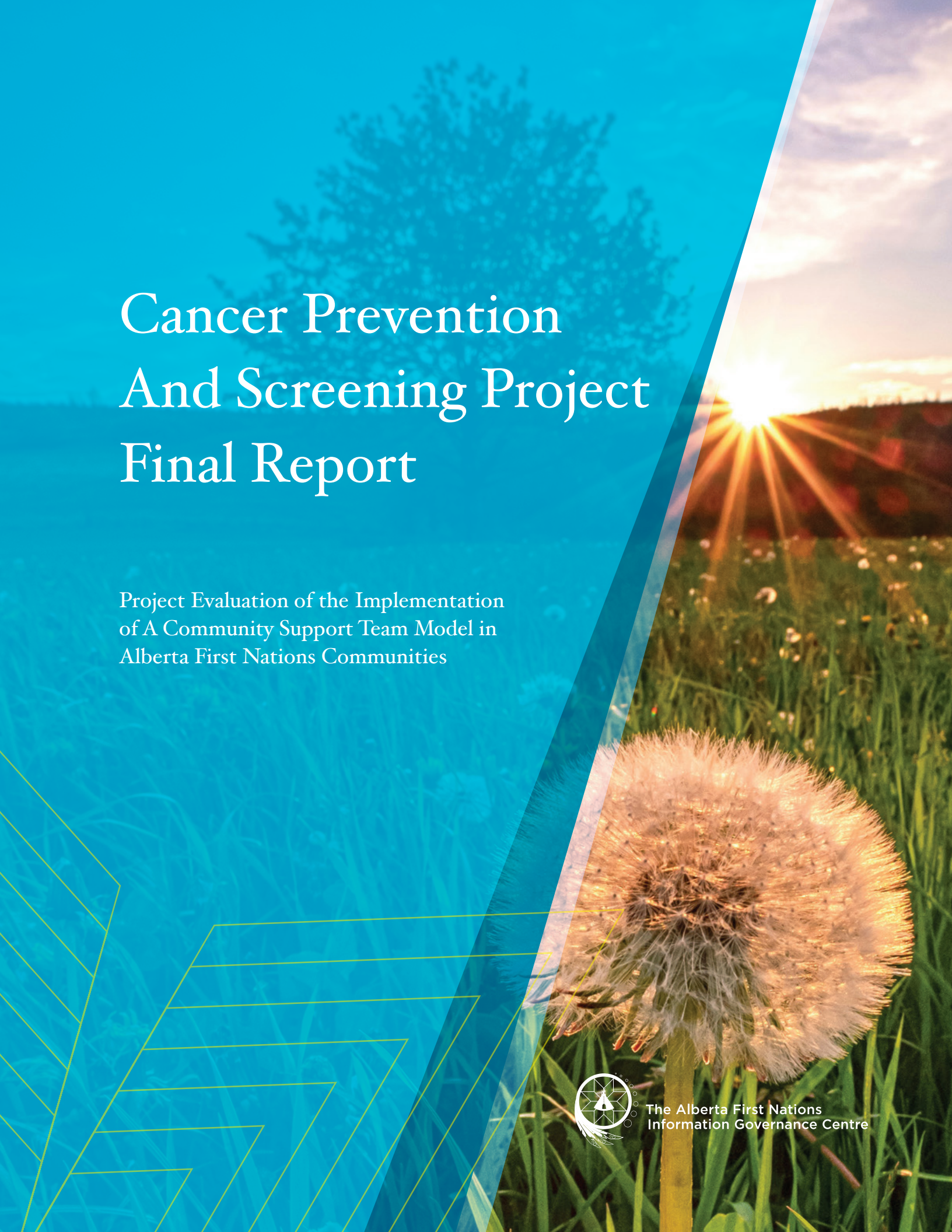
Cancer Prevention And Screening Project Final Report

Project Evaluation of the Implementation of A Community Support Team Model in Alberta First Nations Communities



The Alberta First Nations Information Governance Centre

Report Prepared by

Lea Bill, RN, BScN

Barbara Frazer

Anita E. Konczi, MA (Psychology)

Edited by

Tammy Dupuis

Marilee A. Nowgesic

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The Alberta First Nations Cancer Prevention and Screening Practices project team would like to gratefully acknowledge the support received from Elders and Knowledge Holders from each of the First Nations communities and from multiple other stakeholders to produce and print this document. Funding was provided through the Alberta Cancer Prevention Legacy Fund (now Cancer Prevention Screening and Innovation), Alberta Health Services (now Primary Care Alberta), and Alberta Health.

This document was created in collaboration with many contributors, including representation from the following organizations and groups:

Alberta Cancer Prevention Legacy Fund/Cancer Prevention Screening and Innovation – AHS

Alberta First Nations Information Governance Centre

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Blood Tribe Department of Health Inc.

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Maskwacis Health Services

Peerless Trout Health Centre

Surveillance and Assessment Branch – Alberta Health

Surveillance & Reporting, C-MORE – AHS

The Alberta First Nations Information Governance Centre

Alberta Cancer Prevention Legacy Fund

Contents

Knowledge Translation Messages

- Lasting and positive influence on community members towards healthy lifestyle changes
- Tools and resources utilized were found to be very helpful and supported the process
- Local community planning brought groups together and revitalized connections with families
- Knowledge Holders were an important and influencial element of the project
- CSTM was deemed culturally appropriate and relevant for building community capacity in cancer prevention and screening
- Significant impacts for Indigenous Knowledge Translation and Knowledge Mobilization
- Best and promising practices aligned with community practices and protocols establish and maintain trust relations
- The topic of cancer requires culturally informed dialogue using traditional practices and processes

Acknowledgments

First Nation ancestral practices and processes activate self-adjustment actions at all levels. We are indebted to many hands, hearts, and minds who made the work lighter and transformed this project into a collective approach that exemplifies the concept of all working together *(mâmawokamâtowin).* The Alberta First Nation Information Governance Center (Alberta FINGC) acknowledges the men and women who consented to be a part of a project to benefit their communities. It was a process based on the ethic of being in service to others for future well-being and working together to benefit future generations. Each First Nation community demonstrated their ancestor's living philosophy of care taking, including their aspirations to achieve well-being at all levels. Throughout the project, the Community Action Teams (C.A.T.) showcased this wisdom and continuance of ancestral practices to maintain the familial bonds and the knowledge that binds communities when faced with challenges.

We are humbled by the community members who stepped forward to join local screening and prevention programs. Each person made a difference. It was the mothers, fathers, and grandparents who came together as a family, demonstrating how family is medicine. We acknowledge the interruption presented by the COVID-19 pandemic and the personal cost to all involved. However, this presented a level of ingenuity and cultural sophistication born out of the ancestors' wisdom to address the challenges and find ways around the barriers encountered during the pandemic.

Finally, this work would not have been possible without the heart, compassion, and dedication of the communities from the Phase I and Phase II projects and the collaborating partners. Phase IMaskwacîs, Kainai (Blood Tribe), Peerless Trout and Phase II Bigstone Cree Nation, Gahnhan–Bearspaw First Nation and Sunchild First Nation stepped forward for the benefit of their members and towards the collective of Indigenous People. We acknowledge and thank the collaborating partners: AHS – Cancer Prevention & Screening Innovation; AHS – Indigenous Health Program; AHS– Screening Programs; Alberta Health – Surveillance and Reporting; Health Canada – Indigenous Services Canada; Indigenous Physicians Association of Canada (IPAC) and the Canadian Indigenous Nurses Association (CINA) for their collaborative and supportive roles with this project.

Executive Summary

Knowledge mobilization, as the backbone of healthy and thriving First Nation communities, represents the social paradigm of knowledge transfer to First Nations people's mind, body, and spirit-lived reality. First Nation practices and knowledge systems provided the framework for the First Nation Cancer Prevention Practitioner Projects Phase I and Phase II and are acknowledged as lifelong perfection of self-perpetuating actions to support total well-being. First, the proof of concept is developed, and then the effectiveness (reliability and validity) of a First Nation contextualized Community Support Team Model and approach is demonstrated. Implementation testing of the model and approach showed that centering cancer prevention and screening programming on healthy lifestyle choices has a greater potential to improve cancer outcomes within First Nations communities.

This final report is intended to provide an evaluation perspective of outcomes from within a First Nation (FN) paradigm that further supports the proof of concept developed through the First Nations Cancer Prevention and Screening (FNCPS) Practices Projects and implementation testing. Phase I was primarily a developmental process where design, tools, resources, and frameworks were developed to implement highly responsive FNCPS plans. In Phase II, the focus was on utilizing the tools and implementation testing of a First Nation Community Support Team Model (CSTM) grounded in FN ways of knowing and culturally sound practices relevant within FN community settings. The Community Support Team Model was grounded in FN Knowledge and iterative implementation processes while applying tools adapted to reflect FN Knowledge and worldview. As a health capacity-building tool, the First Nation Community Support Team Model established that ancestral values (1) and land-based philosophies are maintained, observed, and communicated to convey shared traditional practices amongst family units. Phase II demonstrated that knowledge mobilization activities grounded in First Nations language, culture, and ways of knowing, including ceremony and land-based knowledge transfer systems, strengthen and advance traditional health promotion concepts and practices. Grounded in First Nation knowledge-based approaches, Phase II shaped an interconnected methodology with the social determinants of health priorities and values in mind and identified through the community action teams. Implementation of this methodology and model proved to have positive impacts, including focused group and collective decision-making.

The First Nation Cancer Prevention Screening Practices (FNCPSP) Project was in direct alignment with Alberta Health Services - Cancer Prevention and Screening Innovation strategic directives:

1. To create a coherent and visionary strategy,
2. To build logical connections between research and prevention/screening,
3. To integrate activities across risk factors and increase collaboration,
4. To focus on outcomes,
5. To promote effective knowledge translation and exchange.

These directives were strongly reflected within the main objectives of Phase I and II, and Phase I provided the basis for Phase II of the work.

Phase I Objectives:

- To identify current activity gaps regarding cancer prevention and screening in Alberta First Nation communities.
- To develop strategies, resources, and interventions incorporating First Nations oral knowledge and Western written evidence into developing a cancer prevention and screening plan for a First Nation community.
- To determine mechanisms required to create and report on a cancer prevention and screening profile for a First Nation community, including supporting the development and evaluation of interventions and monitoring differences in cancer risk.
- To provide evidence of cross-jurisdictional elements for a sustainable First Nation cancer prevention and screening strategy for a multi-jurisdictional model of care. (2)

Phase II Objectives:

- To increase collaborative efforts with Alberta First Nations to provide evidence of the Community Support Team Model and approach suitable for addressing their cancer prevention and screening needs and priorities.
- To demonstrate the impact of First Nations cancer prevention and screening plans designed to reflect Indigenous understandings and philosophies of health and wellness.
- To identify key elements of knowledge transfer and exchange required to incorporate Indigenous oral knowledge and Western written evidence as the steps/concepts to effect and support positive changes in cancer prevention and screening in First Nations communities and,
- To provide an evidence base that supports the transition of the Community Support Team Model and approach into multi-jurisdictional stakeholder operations.

Supported by scientific protocols and charters, the First Nations project activities undertook processes, implementation and evaluation of sub-objectives intended to advance cancer prevention and screening with/by First Nations within each of these strategic directives. The First Nations Community Support Team Model positively influenced and equipped communities with locally defined strategic direction. As a result, community-specific plans produced through the project activities and outcomes remain a vision with teams that are to continuously implement their plans and take on a mentorship role with other Nations.

The goal of Phase II was to implement and test the support team model and approach in relation to First Nation community action planning, which aims to promote healthy lifestyle behaviours while simultaneously decreasing significant gaps related to risk factors for cancer.

First Nations Cancer Prevention & Screening Project

Introduction

The First Nations Cancer Prevention and Screening Practices Projects (FN Practices Project Phase I and II) were a collaborative partnership and project with Alberta First Nations. Supported by Alberta Health Services – Alberta Cancer Prevention Legacy Fund/Cancer Prevention and Screening Innovation (AHS-ACPLF/CPSI) and the Alberta First Nations Information Governance Center (Alberta FNIGC), Phase I & II of the FNCPSP partnered with six First Nation communities to carry out the implementation of the 'proof of concept' and implementation testing of the Community Support Team Model (CSTM). First Nations communities from Treaty No. 6, Treaty No. 7, Treaty No.8 for Phase I were Treaty No. 6 Maskwacîs –, Treaty No. 7 Kainai and Treaty No. 8 Peerless Trout. Phase II communities were Treaty No. 6 Sunchild First Nation- Treaty No. 7 Gahnhan–Bearspaw First Nation (Eden Valley), and Treaty No. 8 Bigstone Cree Nation.

The comprehensive approach, supported by the First Nations Community Support Team Model, is grounded in collaborative and inclusive processes designed to build and foster First Nation ways of knowing. Built upon traditional health practices as prevention and support for screening practices, the model maximizes individual and community well-being opportunities. Providing the evidence required for Alberta Health Services to support the transition of a First Nations Comprehensive Cancer Prevention and Screening Strategy into operations, project outcomes focused on the key components of a Community Support Team Model and parameters for implementation.

With the leadership of the Alberta FNIGC, a strong strategic plan was put in place with full agreement by the project partners, which in turn provided clear project management and capacity development incremental goals for communities while building capacity at the local level. Inclusive of strategies to promote community capacity building, the model clarified the types of roles needed and allowed for First Nations cultural knowledge to be incorporated during the implementation phases while addressing cancer prevention and screening priorities. Grounded in First Nation knowledge research methodologies (Cree, Blackfoot, and Stoney), the project utilized the practices and understandings of ancestral teachings to nurture community bonds where family knowledge systems of caretaking are a foremost and central feature.

Therefore, emphasis on community organization around a prevalent issue was core to success. Crucial training materials designed to promote First Nation knowledge as a strategy for addressing cancer prevention and screening within First Nation communities from a First Nation lens are one example of how the project supported these processes and outcomes. Important elements developed during Phase I were the First

Background

Nation Cancer Prevention Screening Project logic model and the community processes linking the two resources for application during the work's implementation phases. The logic model was a key foundational tool that kept the work on track and became a powerful tool for knowledge translation and evaluation planning.

This report covers important Phases I and II elements that were deemed significant proof of concept and implementation testing from a First Nations evaluation lens. The iterative nature of the project provided an opportunity to adapt and change implementation approaches. The evaluation was also iterative in nature during both phases of the work. Specific data collection tools, such as surveys, skills assessment, S.W.O.T and S.O.A.R analyses, were used to collect specific information during both phases. However, the most used approach was a consistent dialogic process with the community, team, and partners through engagements.

In 2015, the FN Practices Project (Phase I) was implemented in three First Nations lead communities across the Treaty Regions of Alberta (Maskwacîs, Treaty 6; Kainai (Blood Tribe), Treaty 7; Peerless Trout, Treaty 8) to identify, test and evaluate core components needed to create a comprehensive cancer prevention and screening strategy with Alberta First Nations. The developmental project included stakeholder engagement and the development of evidence-based tools, resources, and programming. This partnership initiative demonstrated an important example of how Alberta Health (AH) and Alberta Health Services (AHS) can work with First Nation partners to co-design and implement transformative changes with cancer prevention and screening focused on First Nation community priorities, linked with cancer, social determinants and knowledge-based needs. Diagram 1 shows the conceptual framework embedded within the logic model developed during Phase I.

Diagram 2 represents a culturally responsive process and project road map of the activities guided by the questions undertaken by the project teams and the communities. The diagrams illustrate the steps of the approach and the processes by which the values and capacities of First Nation communities may be exercised to improve cancer prevention and screening in First Nations.

ACPLF CANCER PREVENTION & SCREENING PRACTICES PROJECT LOGIC MODEL

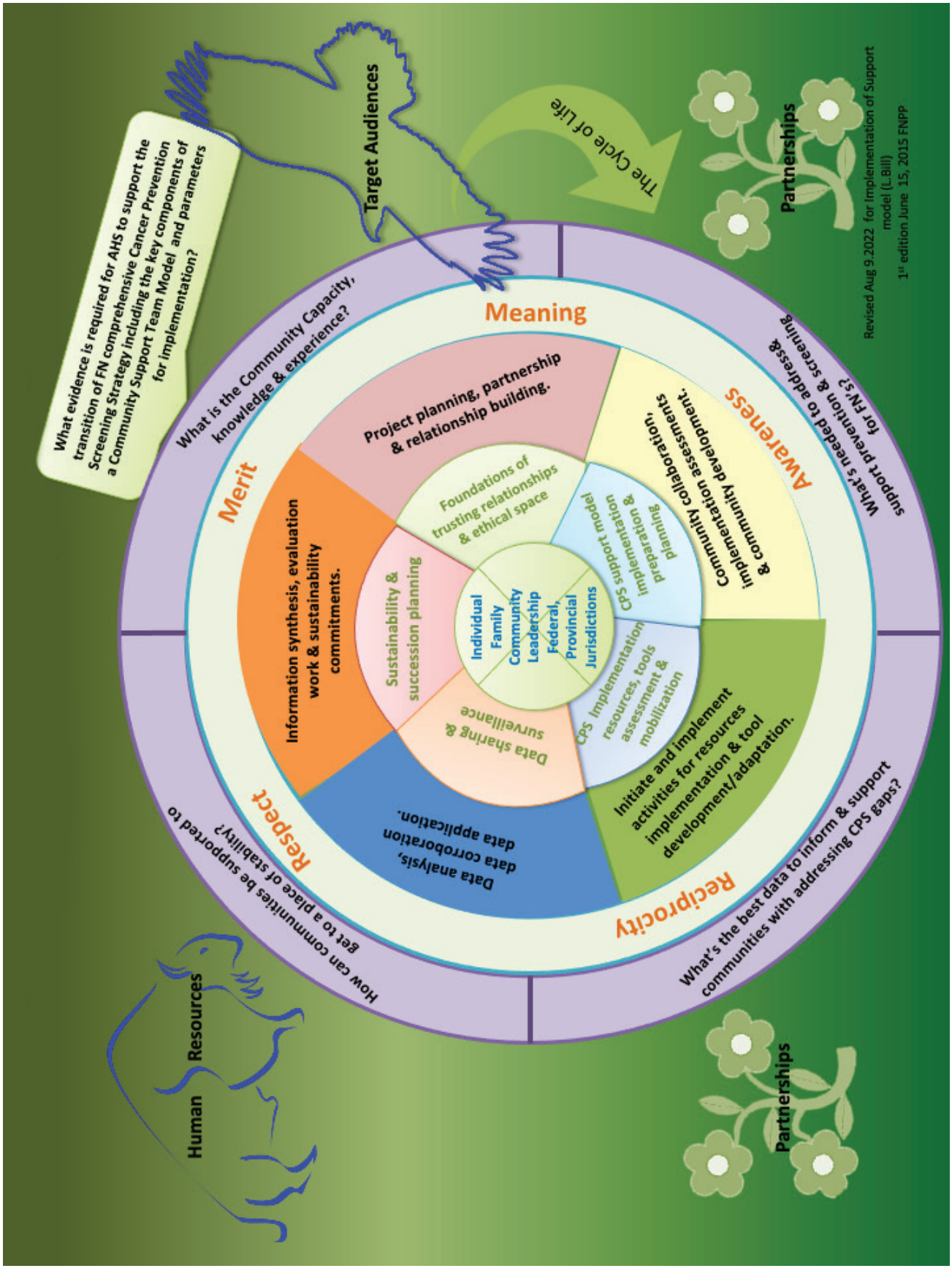


Diagram 1: First Nations Cancer Prevention & Screening Logic Model Phase I and II

ILLUSTRATED COMMUNITY PROCESS LINKED TO THE CPS PRACTICES PROJECT LOGIC MODEL

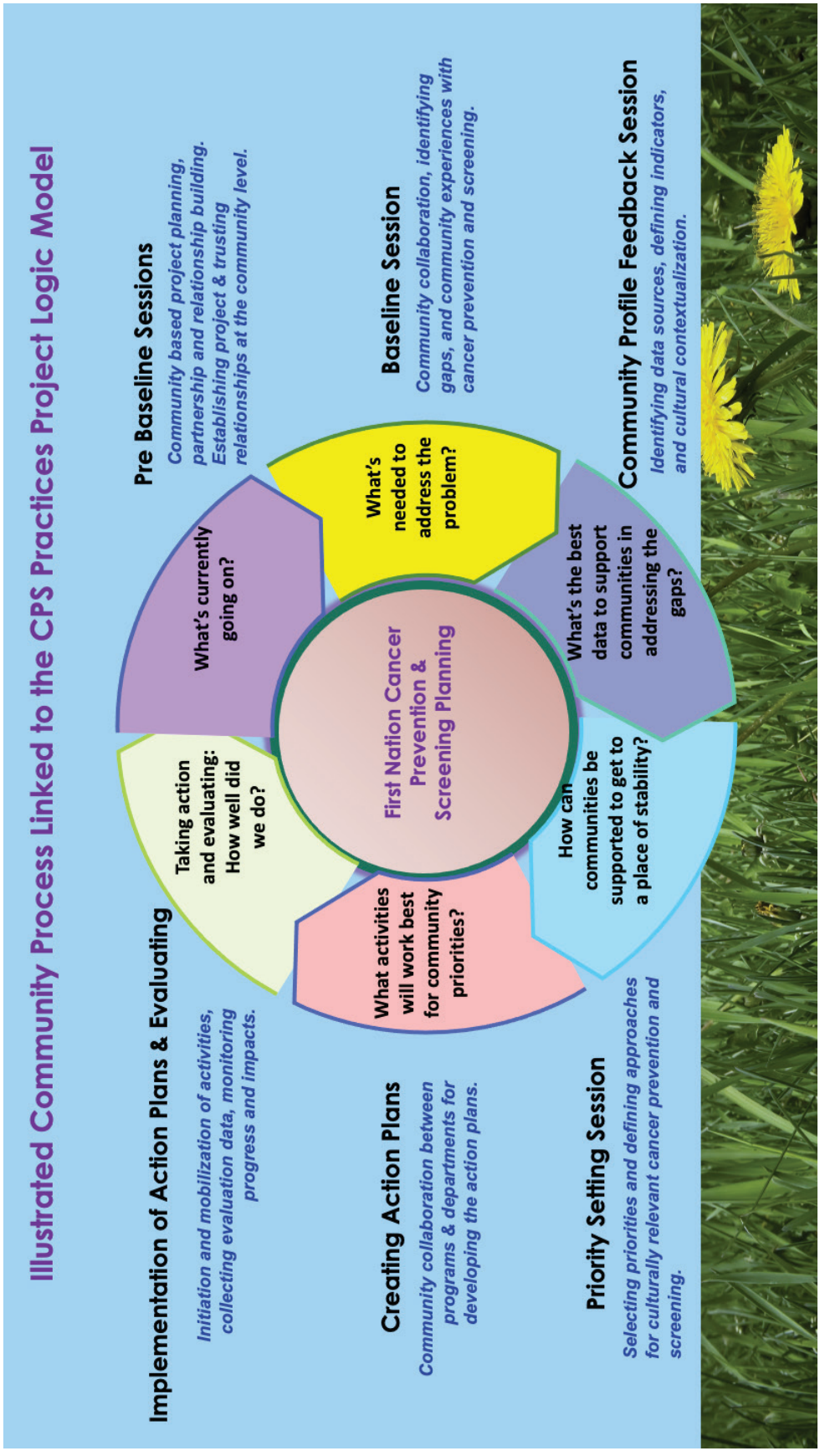


Diagram 2: Community Processes Linking to the Logic Model

First Nation Cancer Prevention and Screening Logic Model

The ethic of care, *mâmawokamâtowin* (working together), was practiced collectively and is reflected in the overarching goal of the project: to demonstrate the model and approach as ethnologically (culturally) relevant and appropriate for supporting First Nations to engage in cancer prevention and screening planning and activities. This approach facilitated a First Nations approach to implementation testing of the model with federal, provincial and community health systems, as well as organizational and program partners.

At its core, the model and approach advance understanding of shared ancestral practices that sustain whole community health and well-being principles in which everyone within a First Nation community is considered and factored into all actions. The communal practice of dialogic engagement as a methodology was fully utilized throughout this project, as illustrated in the community process map in Diagram 2 and the Indigenous Logic Model graphic in Diagram 1.

The natural ease and flow of the logic model is an embedded process guided by the five principles of Awareness, Meaning, Merit, Reciprocity and Respect. These principles are alive within all participating First Nations communities and manifest in ancestral knowledge systems and processes that are iterative in nature and expressed or demonstrated through the following:

- Acknowledging and strengthening community kinship bonds,
- Utilizing the five principles as kinship connectors,
- Supporting relationship and trust building, and
- Elevating and maintaining cultural ceremony practices by opening meetings with prayer and protocol presented to Knowledge Holders/Practitioners.

The logic model, predicated on concepts of First Nations knowledge of collaborative approaches informed by oral culture, provided the guide for applying and implementing the First Nations Community Support Team Model within partnered communities. This supported the model being at the heart of the project and was critical to its validation as fundamental to the approach.

Demonstrating the strengths of local conceptualization, application and implementation by design, the model and approach were actualized through the work of First Nation partner communities.

This prototype and its core principles were followed throughout Phase II to guide communities in their program planning, implementation, management, evaluation and reporting.

The project logic model illustrates the roles and responsibilities to be undertaken by communities within each phase. Phase II provided the opportunity to connect the work to the Canadian Partnership Against Cancer (CPAC) Priority 6 (cancer care/treatment closer to home) and Priority 7 (people-specific, self-determined cancer care).

The logic model provides the map of the implementation sequence for the project's intended actions. The five-point philosophical values framed deliverable processes into guiding questions and intended impacts. The logic model contextualized the complexity of the relationships required to build ethical team practices where everyone involved is valued for their input. The spirit of the community is central to this logic model, in which respectful and ethical group principles maintain inter-connected relationships and kinships that consider the well-being of all community members. Additionally, the project's life cycle, as depicted within the logic model, offers beneficiaries opportunities to view potential access points for cultural health services and wellness approaches within their communities through cancer prevention and screening programming.

The success of Phase I transitioned into the Alberta First Nations Practices Project – Phase II, which was designed to implement and test the support team model and approach. The proof of concept accomplished through the activities of Phase I supported the identification of inequities experienced within the cancer pathway by First Nations cancer patients and their families.

Completing Phase II is a significant milestone for First Nations-led cancer research as it establishes the impact of community approaches such as this team model with highly responsive, culturally relevant, and appropriate implementation methodologies by communities. Applying First Nation health practices, knowledge, and experience of what works, supported by the Community Support Team Model applied in Phase II, allowed for diverse knowledge and cultural systems to be incorporated into the project processes.

The team roles were aligned with the logic model. Noted in Diagram 3 is the role of the Nurse Practitioner, who was instrumental in supporting the developmental phases of resources, including processes for cancer prevention and screening knowledge translation and learning at the community level as part of the implementation team. This role was changed in Phase II to the Community Program Liaison Lead. This role was identified as a need in the evaluation of Phase I to provide better support at the administration and oversight level within the community.

FIRST NATION PRACTICES PROJECT TEAM ROLES

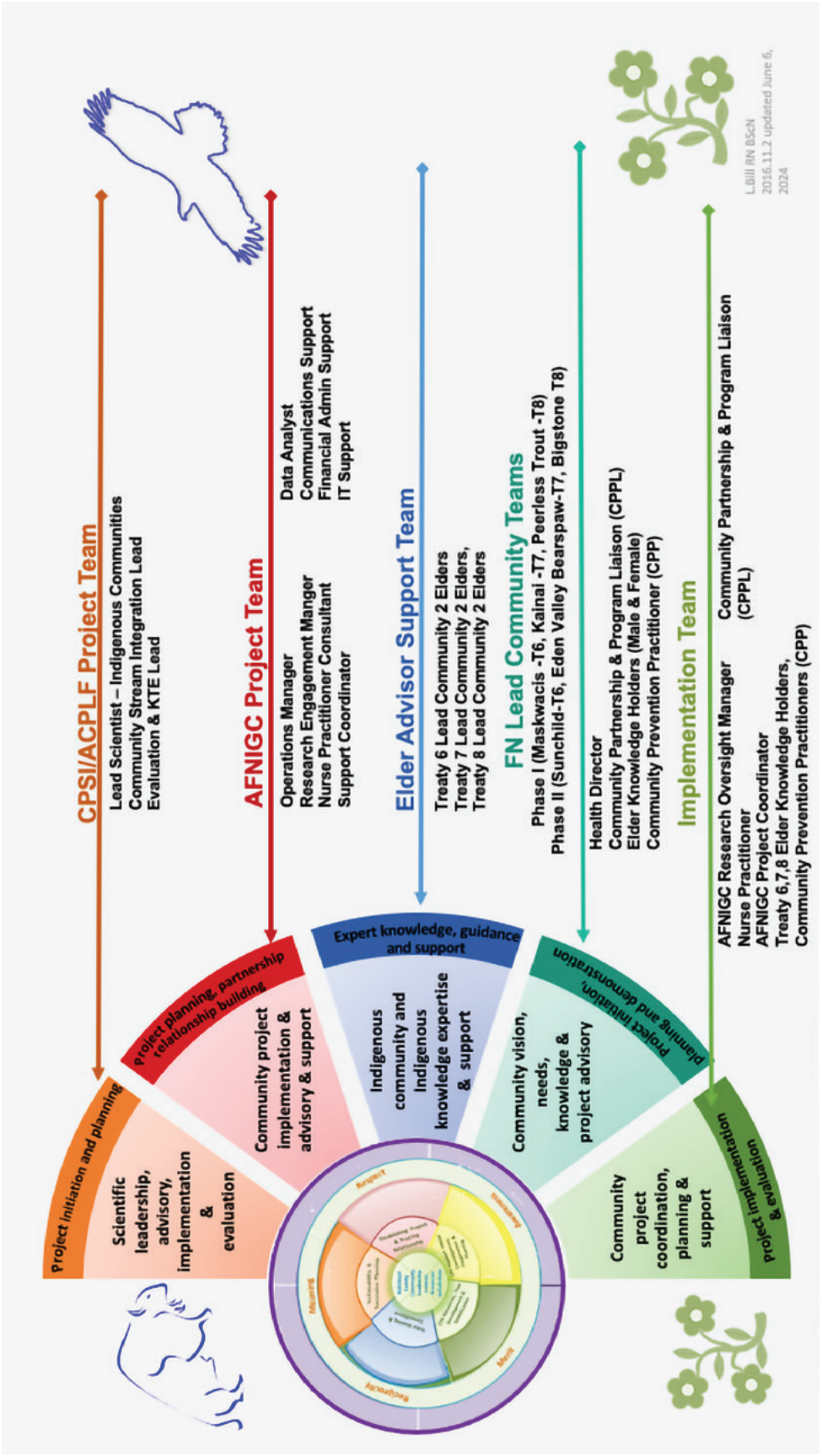


Diagram 3: Phase I Project Team Implementation Roles

CPS PLANNING & PROFILE FRAMEWORK

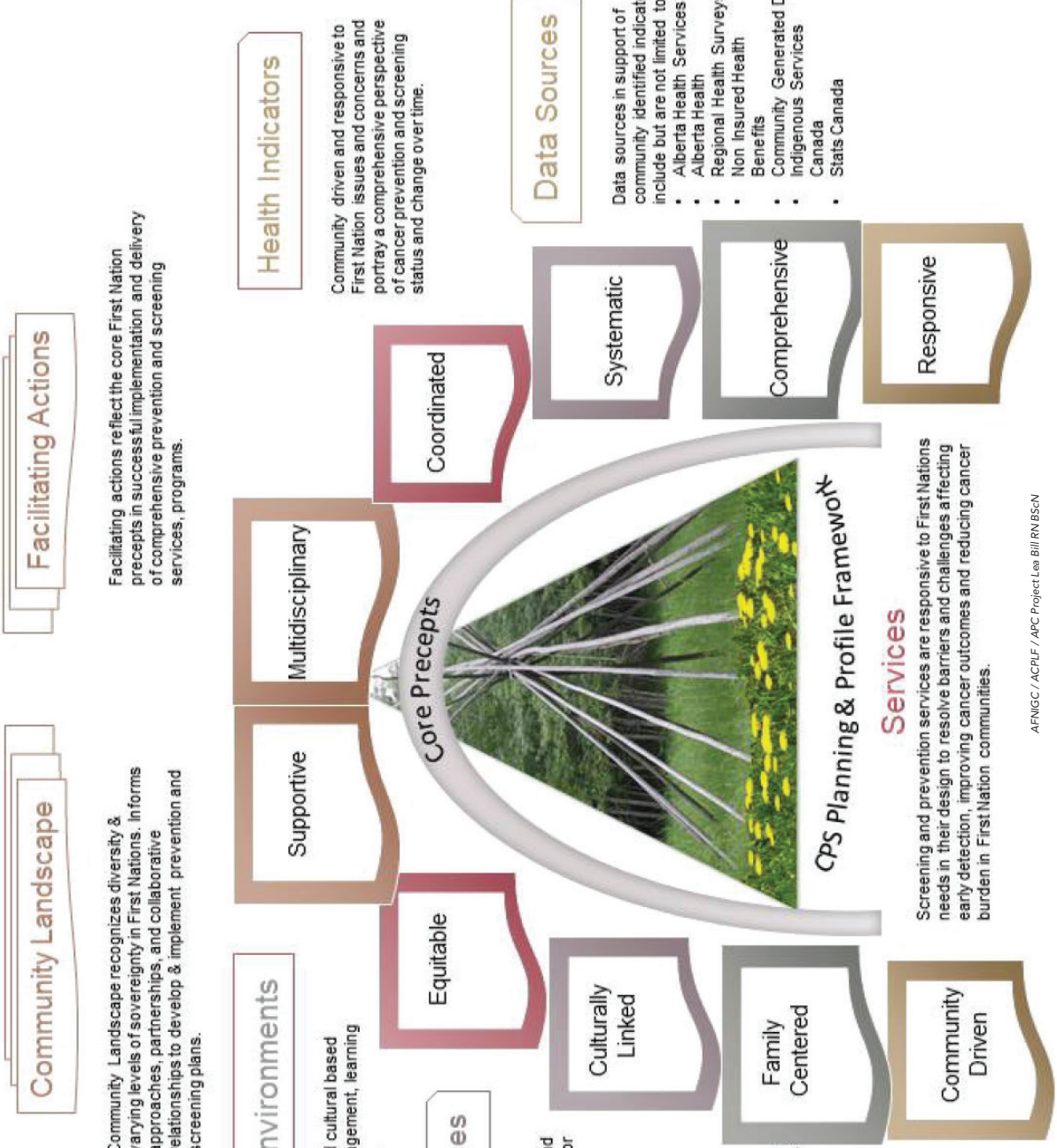


Diagram 4: First Nation Cancer Prevention Planning & Profile Framework

Cancer Prevention Screening and Profile Framework

The cancer prevention and screening framework was developed with acquired knowledge and understanding from the engagements, community profiles work and community planning feedback sessions in Phase I. The framework highlights the essential components of comprehensive equitable elements needed for responsive services to meet all the components of First Nation Cancer prevention services and to alleviate barriers impacting the required services. Phase I established the value added, benefit and influence of a community health and social team approach through the development of the *First Nations Community Cancer Prevention and Screening Support Model*. The model, also referred to as the *Community Support Team Model* (CSTM), was co-created and utilized at the community level during Phase I and became the 'proof of concept' for implementation testing during Phase II. The model showed it had the potential to support collective capacity building supported by First Nation philosophies around health and wellbeing and working together in a kinship/relational way. From within the perspectives of First Nations, this way of working is expressed through *mâmawokamâtowin* (all working together) and *wâhkôhtowin* (we are related).

Phase II intended to demonstrate the effectiveness (reliability and validity) of the First Nations Community Support Team Model and its approach to supporting communities in developing, implementing, and evaluating cancer prevention programs based on healthy lifestyle choices that will contribute to improved cancer outcomes. (3) The following main goals and desired outcomes were to:

- Demonstrate the effectiveness of a First Nations Community Support Team Model and approach as culturally relevant and appropriate for supporting First Nations to engage in cancer prevention and screening planning and activities (implementation testing of the approach with federal, provincial and community health systems, organizational and program partners);
- Validate the key components of a First Nations Community Support Team Model and approach, including resources and tools reflective of Indigenous practices and protocols, as suitable to support cancer prevention and screening planning by/with Alberta Indigenous communities.
- Co-develop with federal, provincial and First Nations stakeholders and partners a transition plan for implementing a First Nations Cancer Prevention and Screening Sustainability Plan as part of a province-wide Alberta Indigenous Cancer Strategy.

The Community Support Team Model

Building on the success of Phase I, the implementation of Phase II was specifically designed to include and apply cultural approaches, as a community-based approach for cancer prevention and screening programming. The CSTM, shown in Diagram 5, depicts the partners and levels of supports required to deliver effective cancer prevention and screening programming. This is predicated upon the creation of a shared group vision and capacity by developing strategic partnerships to strengthen program delivery. In practice, this model is grounded in First Nation knowledge and positions Elders/Knowledge Holders as the caretakers of traditional health knowledge to ensure that the well-being of all those concerned are central to all group decisions.

Further, it is important to note that the implementation, testing, and evaluation of this model are meant to reflect First Nation processes and perspectives of its application. The key difference between Phase I and II was that there were now specific tools and resources generated from the Phase I experience that would help guide the team and the community partners during the implementation testing.

Secondly, the support team model was adjusted in Phase II to a Community Partnership Liaison Lead Support (CPPLS) rather than a Nurse Practitioner. The CPPLS role was introduced in Phase II based on evaluation feedback and community recommendations from Phase I. The CPPL role was expected to engage and support internal and external program partners. Together, these core team members undertook the processes and practices during Phase II as outlined within the tools created to support a First Nations-specific approach. Diagram 4 provides an overview of the Phase II implementation team.

COMMUNITY CANCER PREVENTION AND SCREENING SUPPORT MODEL

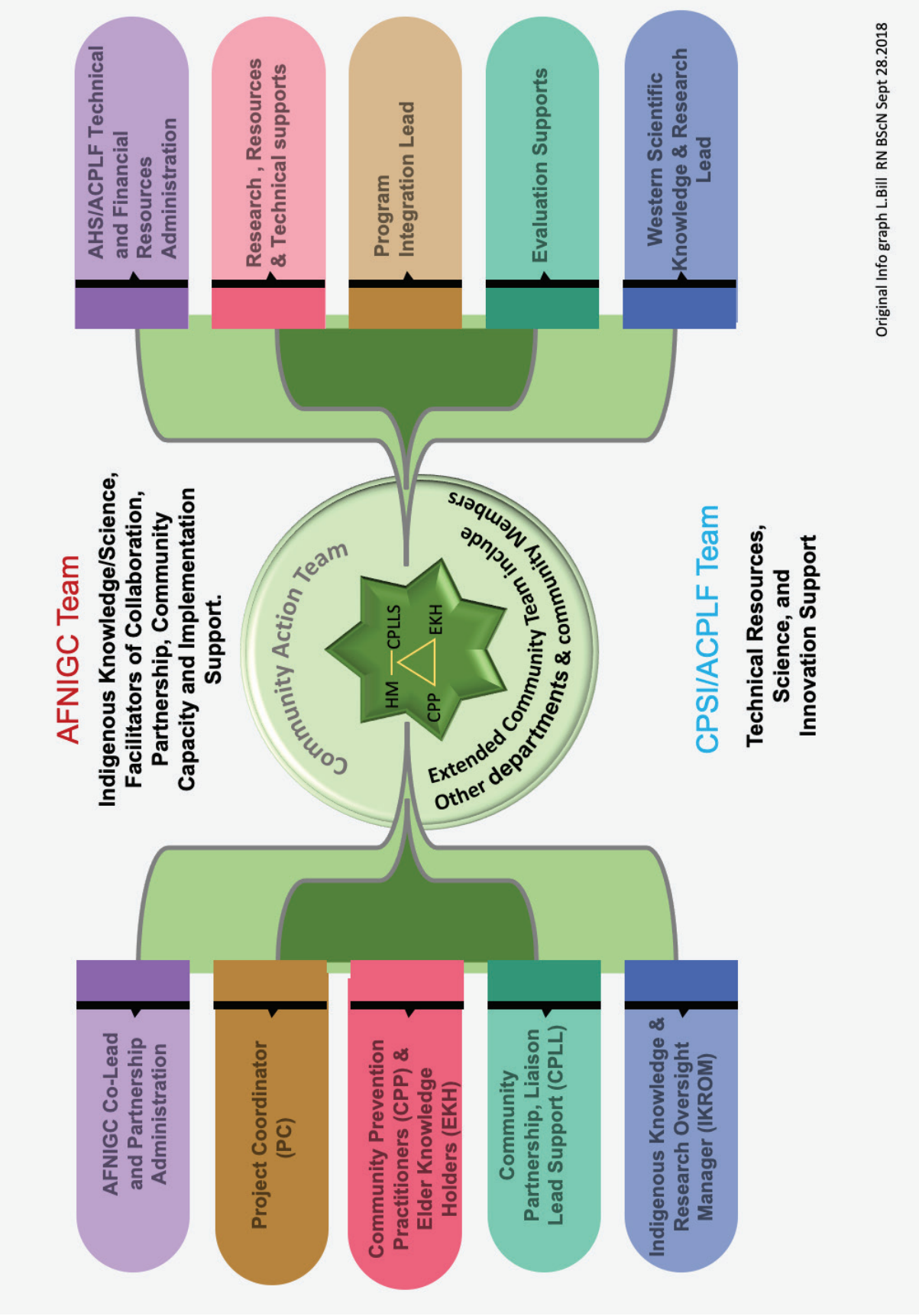


Diagram 5: First Nations Project Phase II Implementation Team Model

The Community Action Team (C.A.T.)

The Community Action Team (C.A.T.) was central to the implementation team model. Diagram 6 shows an overview of the team, and the support provided to the C.A.T. roles are identified within the model to reflect how they intersected to operationalize and implement the project's key goals and aims.

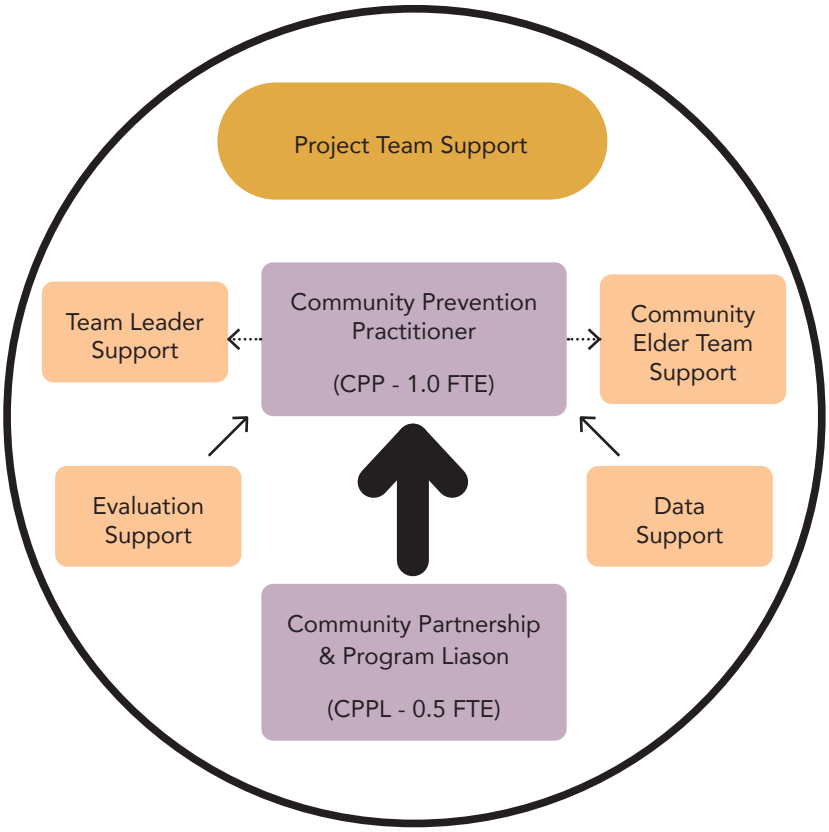


Diagram 6: Community Action Team (C.A.T.)

The C.A.T. is a direct local action and unified response to the Canadian Partnership Against Cancer – Priority 6: Culturally appropriate care closer-to-home. Based on the premise that the whole community must be involved to create and support local change, Phase II provided proof that coordinated efforts can be transformative at the level of individual communities. Each First Nation C.A.T. conducted themed engagements by utilizing the key resources developed for a First Nations cancer prevention and screening approach. Linked to the phases and implementation stages of the model and approach, the C.A.T was comprised of a team lead (Health Director/Manager), Elders/Knowledge Holders (one male and one female), a Community Partnership and Program Liaison (CPPL) and a Community Prevention Practitioner (CPP).

The core of the First Nation CSTM represents how communities support one another and work together in a common area of interest. First Nation Knowledge Holders and community leadership have stated that programming must be community-driven and responsive to community issues and concerns. The First Nation CSTM supported community ownership and self-determination by creating a Community-Action-Team (C.A.T.), which supported traditional governance and decision-making styles.

Skills Assessment, Training and Capacity Building

During Phase I, it became evident there were significant knowledge gaps about cancer prevention and screening, including challenges with the capacity to implement additional programming with limited human resources. Secondly, recognizing the power of generating a greater understanding of First Nations perspectives of Cancer by utilizing First Nation language descriptors of Cancer and prevention concepts was critical for successful implementation. Leadership emerged amongst the teams, with one community Nurse practitioner who prepared an orientation manual to ensure core concepts and knowledge were provided to the C.A.T. in Phase II.

Phase II benefited from all the collaborative preplanning and project development of Phase I, including a deeper awareness of what additional skills, knowledge, training, and awareness were needed for each of the roles to be proficient in implementing Phase II. During the initial stages of Phase II, each community carried out recruitment processes for a CPPL and CPP, as well as coordination and project management support. Additionally, leadership support was an important aspect of any work conducted in First Nation communities; thus, each partner community sought support from Health Directors and Chiefs and Council through Band Council Resolutions.

The CPPs completed pre- and post-skills assessments to assist with identifying the areas of focus for additional training and enhancement of skills. Eight specific themes were identified through dialogue sessions, and pre-assessments were completed with each community to focus on training and enhancing skills.

These were:

1. Cultural Knowledge transfer
2. Conducting Community Meetings
3. Building Community Capacity
4. Advance Cancer Knowledge
5. Administrative Duties & Computer Skills
6. Adapting to project constraints, independence,
7. Communication and Conflict Resolution Skills
8. Facilitation, Presentation, and Evaluation Skills

Before implementation, each team attended themed orientation sessions and reviewed the resources created specifically for the project. An intensive training agenda prepared each participant to confidently fulfil their appointed role and key responsibilities from a cultural perspective.

Emphasis was placed on the role and need to gather data. The CPPs/CPPLs received evaluation training from the CPSI evaluation team and were provided with an evaluation toolkit and videos as support resources. Through a consultation process, most resources and tools were tailored to meet the needs of the First Nations communities.

Training for Project Implementation

Initially, attention was placed on skills development for the CPPs and CPPLs and the program steps to be carried out. The training and skills assessments provided the focus of the training. The training was designed to address the crucial community knowledge needed for social programming processes and the challenges identified through skill assessments and engagements for the development of strategic cancer prevention and screening plans.

Five CPPs/CPPLs participated in the skills assessment. They were given a pre-test and a post-test on which they judged their own competency in eight topic areas.

1. Cultural Knowledge and Awareness
2. Facilitating Community Engagement - Organizing Community Meetings
3. Understanding Community Building Community Capacity
4. Cancer Knowledge Basics
5. Administrative Duties - Computer Skills
6. Independence, Administration, and Problem-Solving
7. Communication and Conflict Resolution Skills
8. Facilitation, Presentation, and Evaluation Skills

The pre-test scores reflected respondents' competency levels before undertaking any training. Respondents with low scores in an area were given additional help on those topics. After a few months, the CPPs/CPPLs assessed themselves again. Pre- and post-test results were compared to see if scores had improved. Improvement was expected, but results showed declines for some individuals in various areas.

It is important to note that while scores declined in some cases, this should not be regarded as an indication of forgotten skills. Several factors were at play, not the least of which was the realization that the skills CPPs and CPPLs thought they had were less than what they were realistically capable of. This was an opportunity for them to learn and grow.

There were weekly meetings with CPPs and CPPLs to monitor their progress and allow them to voice any concerns or struggles they might have. Added training and review were always available via recorded media that could be rewatched, including the option of directly contacting the trainers with questions. Other factors for decreased scores included increased stress levels (caused by COVID-19, numerous deaths in the communities, family complications, and office conflicts, to name but a few), which interfered with the comprehension and retention of new information.

The post-test skills assessment results were used to create the learning and capacity-building plans for the CPPLs and CPPs. These community-specific plans included learning goals that emerged through extensive preplanning and strategic development processes based on the analysis of the post-test results. Skills were gained in the following areas:

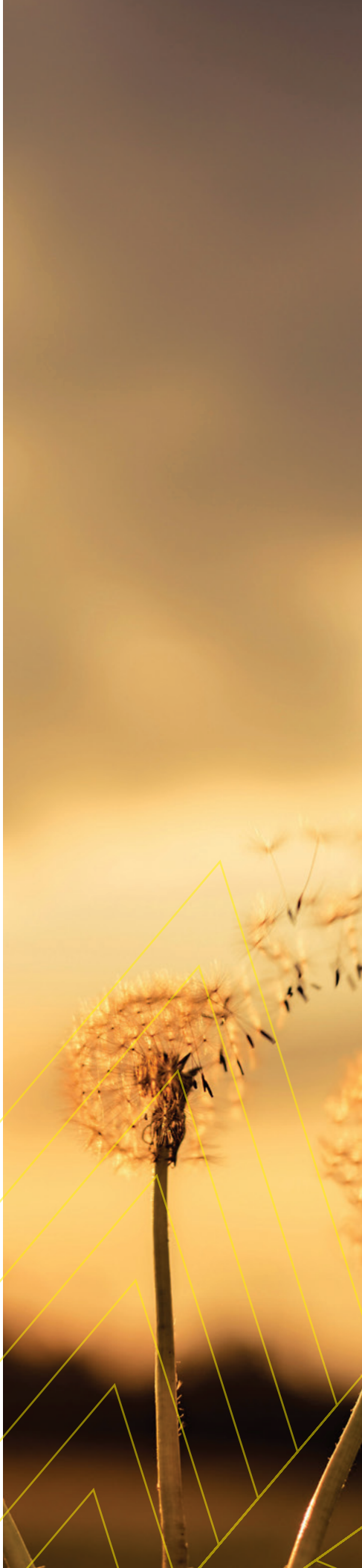
- Developing cultural knowledge and awareness
- Facilitation skills
- Organizational skills for community outreach and engagement sessions
- Planning and conducting community meetings
- Understanding and supporting community capacity-building needs
- Advancing cancer knowledge in the community
- Gaining valuable computer skills and application of software (Zoom, Microsoft Teams platform, and other Microsoft software)
- Fostering independent work skills, administration skills and problem-solving skills
- Learning conflict-resolution skills
- Skills in utilizing social media to enhance communication

Overall, community teams gained experience in facilitation, developing and providing presentations, completing documentation, and engaging in evaluation. Remote communities were faced with ongoing network and technical issues, which led to additional support from the Alberta FNIGC Information Technology team (IT) to mitigate specific challenges. This support included orientation for the CPPLs and CPPs to become familiar and proficient with their technological equipment (Android Chromebooks).

Online media training became a critical component due to COVID-19, because social media was an important method of communication with community members during the pandemic and was used to broadcast the project C.A.T.'s activities. The primary facilitators (CPPs and CPPLs) learned to navigate various online platforms/apps/software like Microsoft Office Suite (Teams, Outlook, PowerPoint, Word, Excel), Zoom, and Voxco Survey Software.

Project Implementation Resources

During Phase I, resources and learning tools were developed to accompany the model implementation and guide the approach for improving cancer prevention and screening within/by First Nations communities. These resources paid particular attention to unity building and focused on affirming bonds that hold kinship systems intact. The strength of Phase II lies within the consistent capacity building of interrelationships and collaborations toward the betterment of communities. For example, engagement-oriented activities that follow First Nations ways of being were incorporated as key activities during both phases of the projects, demonstrating the strong sense of unity and supportive teamwork championed by the C.A.T.s. This enabled the CSTM to align actions with the primary values and principles of the collective while respecting the diversity of kinship and knowledge systems among First Nations.



Guide to Preparing Indigenous Communities for Cancer Prevention

The Guide to Preparing Indigenous Communities for Cancer Prevention: A Pathway to Healthier Communities (©2019 Alberta Health Services, Alberta Cancer Prevention Legacy Fund and Canadian Indigenous Nurses Association), Diagram 7, was a critical tool for implementation testing of the model and approach during Phase II. The creation of the guide was recognized as a major achievement toward improved cancer prevention and screening action planning within/by Alberta First Nations communities. While undergoing the proof of concept with First Nations, the guide was being adapted to encompass First Nation world views and understandings, engagement processes, teachings and concepts related to cancer prevention and screening were critical to ensuring the tool would be accepted and applied during the testing phase. The adaptation was co-developed with the Alberta Cancer Prevention Legacy Fund-Indigenous Community Stream and the Canadian Indigenous Nurses Association, with Lea Bill as the lead writer, providing critical knowledge and the First Nations' world view, along with the Elder Knowledge holders as collaborators.

The co-development of the Guide led to First Nation practices and processes being fundamental to the steps outlined within the document. Based on a set of actions to carry out action planning, implementation and evaluation, the approach was designed to support cancer prevention action planning within First Nation communities. These "Seven Actions to a Healthier Community" are:

1. Create community connections,
2. Complete knowledge gathering and community assessments
3. Complete priority setting session,
4. Complete a comprehensive action plan,
5. Carry out implementation and evaluation,
6. Create a sustainability and collaborative plan and
7. Sharing the experience.

This guide was a primary resource and acknowledged as a dynamic framework to steer consensus-based decisions forward.

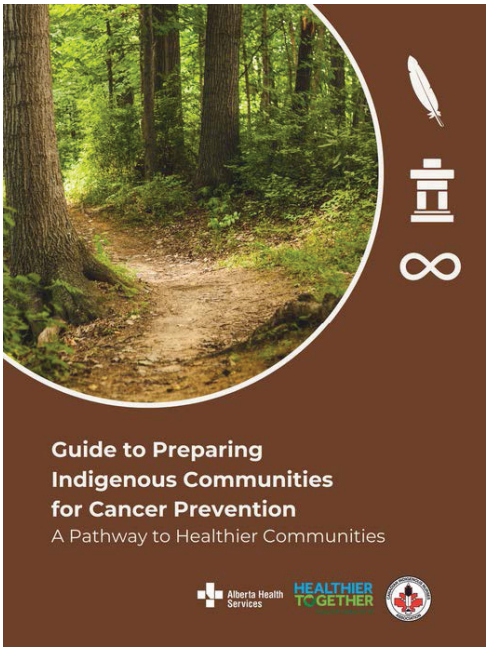


Diagram 7: Indigenous Community Guide Cover

Indigenous Community Readiness Model

The Indigenous Community Readiness Model for Cancer Prevention and Screening: A Pathway Towards Community Wellness (Adaptation of the Community Readiness Model for Community Change for use in First Nations, Métis, Inuit Communities, Version 2, 2020. Alberta Cancer Prevention Legacy Fund & Canadian Indigenous Nurses Association, Alberta Health Services, Alberta) was developed to better understand First Nations community preparedness to engage in cancer prevention and screening activities. The co-developed resource was adapted from the Tri-Ethnic Model as a base, which was created by the Tri-Ethnic Center for Prevention Research (Tri-Ethnic Center Community Readiness Handbook, 2nd edition, 2014. Tri-Ethnic Center for Prevention Research, Sage Hall, Colorado State University, CO.).

The processes described within the Readiness Resource were tested to address the HIV/AIDS programming needs of First Nations, Inuit, and Métis communities and have proven helpful in assessing community readiness to act on a specific issue or concern. The Indigenous Community Readiness Model for Cancer Prevention and Screening resource was designed to reflect community preparedness to address their community's cancer prevention and screening needs.

The resource identifies a set of themes intended to gauge readiness for planning and implementation. The themes include:

- community knowledge of the issue,
- community efforts to address the issue,
- community knowledge of current efforts to address the identified issue,
- community climate/feeling toward the issue,
- leadership engagement and awareness of the issue,
- resources available and dedicated to the issue within the community, and
- existing community data related to the issue.

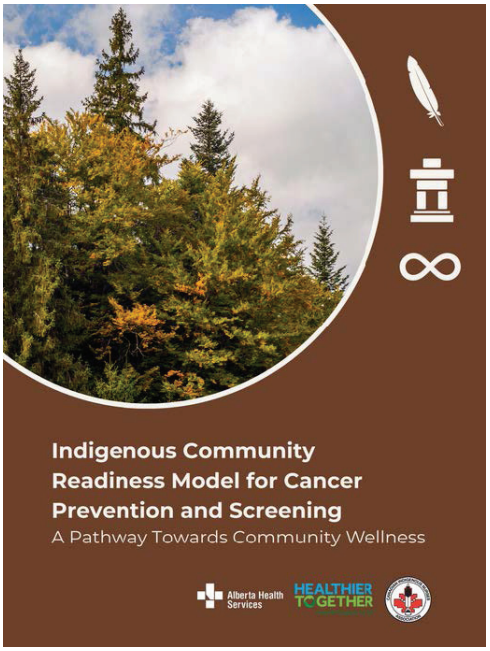


Diagram 8: Indigenous Readiness Resource Cover

Assessments on 'readiness' for cancer prevention and screening enabled communities to plan for actions using strategies to meet members' current learning and knowledge needs. The principles, represented by nature, were utilized to describe the level of readiness the community was at to begin planning for prevention and screening. The nine principles of community readiness listed below provided a baseline starting point depending on what principle a community scored at:

Principle 1: Community Tolerance (Toad)

Principle 2: Denial/Resistance (Porcupine)

Principle 3: Vague Awareness (Orca)

Principle 4: Preplanning (Duck)

Principle 5: Preparation (Moose)

Principle 6: Initiation (Eagle)

Principle 7: Stabilization (Sturgeon)

Principle 8: Confirmation/Expansion (Walrus)

Principle 9: Community Ownership (Wolf)

This internal assessment provided key insights for the C.A.T. as it assisted with planning and directed actions. The attributes of the animals resonated with the communities as it provided positive goals to strive towards as a group.

Community Supportive Settings Survey (CSSS)

The Community Supportive Settings Survey (CSSS) is a tool created to help First Nation communities assess the degree to which their environments support participation in life-sustaining actions that promote health and prevent cancer. Part A focuses on seven life-sustaining actions or themes that include health-promoting behaviours essential to living life in a good way. These include engaging in physical activity, having adequate nutrition, limiting alcohol intake, avoiding non-traditional tobacco use, and practicing sun safety and screening. By identifying potential areas for improvement, the survey enables communities to prioritize, plan and take action where changes are required to make informed, healthy lifestyle choices. Part B focuses on the role of leadership in providing support and making decisions essential to successful improvements in the community environment. Leadership may include elected officials, policy and decision-makers, program managers, and community members recognized as having specialized knowledge of community practices, protocols, or processes necessary to support and promote positive change.

Phase II Implementation Methodology

Implementing the project within the communities was spiritually based and grounded in ceremony. Knowledge Holders recalled that the unity of families was an important part in renewing health and well-being. Knowledge Holders spoke about how family systems were once intact and valued one another, including their health and healing. They recalled the natural order of existing supports and how they were fully functional. In their shared memory and oral traditions, they were adept with the concept of the Community Support Team Model (CSTM) as it is established within their worldview. Historically, when C.A.T.s were positioned in their rightful place at its core, communities were very healthy. This project enabled the CSTM to renew the strengths of First Nations communities in the present. This was particularly noted as the teams worked with their knowledge holders who acknowledged the vitality of these living preserved community knowledge and traditional teachings, including a core ethic of working together to support well-being. Diagram 9 illustrates the implementation methodology of the community support team model.

Partnered project governance was critical for the implementation of Phase I and II. Given the depth and breadth of this project, additional research questions were posed to assess partnerships and the collaborative nature required for cancer prevention and screening activities to be a part of healthy lifestyle choices and daily living.

The pandemic impacted implementation. However, the teams were very resourceful and looked for opportunities rather than focusing on the challenges they posed. While each community experienced multiple losses during the pandemic, which added workload and stress to the teams, they remained committed to the work. The weekly team meetings and the virtual skills enhancement training sessions provided opportunities for the team members to share and express the many concerns and emotional strains they were experiencing during the pandemic. Community was at the heart of the work, coupled with an understanding that readiness and preparation were critical for success to occur with each community team.

Responsiveness and adaptability during the implementation of project goals and activities were required to meet the ‘new normal.’ For example, initial needs assessments, priority setting, and skills development required innovative approaches to meet with the C.A.T. This coordinated partnership approach resulted in implementing the project according to the level of capacity each community partner possessed and revealed much about how the CSTM supported community learning and contributed to building healthy community environments.

Cancer Prevention & Screening: Community Support Team Model Implementation Methodology

Preparations - Planning - Designing – Validation – Deployment – Inputs – Tools – Techniques – Deliverables - Evaluation

Evaluation

- Evalution training for CATs
- Indigenous and Western knowledge applied & reporting
- Mixed methods approach to evaluation – included iterative processes

Phased Results

- Community guide provided a phased results approach involving 7 stages with goals and objectives for results.
- Assessments and information gathering provided data and information for iterative processes to be exercised

Supports – Training - Elders

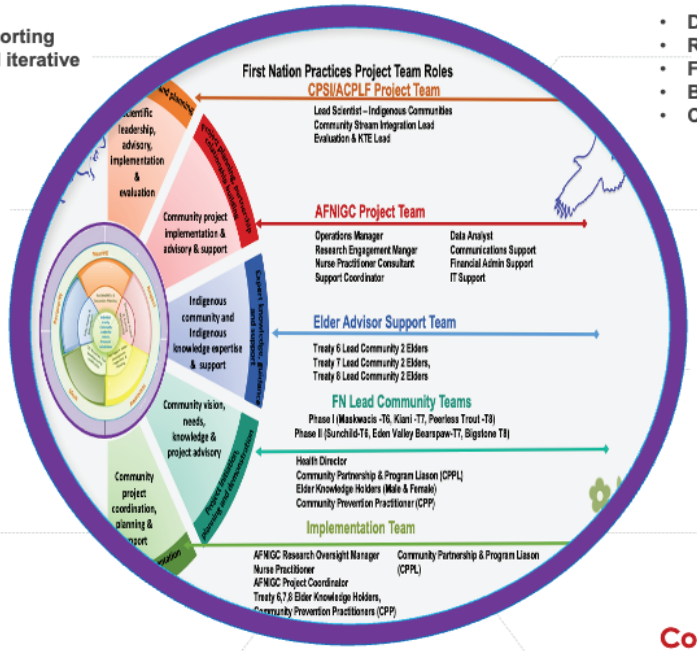
- Indigenous Scientific oversight, clinical advisory,, Elder Knowledge Holder Advisory, Analytics support, Evaluation support, Organized training sessions, Project and coordination supports

Practices & Procedures

- First Nation Protocols, Processes, world view and cultural ways application
- Iterative processes following, community paced and paced

Tools & Resources

- Readiness Assessment tool
- Community Supportive Settings Survey (Assessment)
- Guide to Preparing Indigenous Communities for Cancer Prevention & Screening (Implementation Guide)
- Documentation & Reporting templates, IT Technology,



Preparations

- Developing Trusting Relations
- Respectful Service Agreements
- FN Leadership support
- Baseline work - CPAC Project
- Community Recruitment & Engagment & Agreements

Planning

- Engageing Partners
- Developing scientific protocol & charter
- Developing Indigenous & western logic models
- Phase I – Proof of concept with 3 first nations

Validation, Feedback & Adjustments

- The results & experiences of Phase I were incorporated into Phase II for Implimentation testing of Proof of concept
- Recruitment of 3 new communities for rimple4mentation testing

Deployment

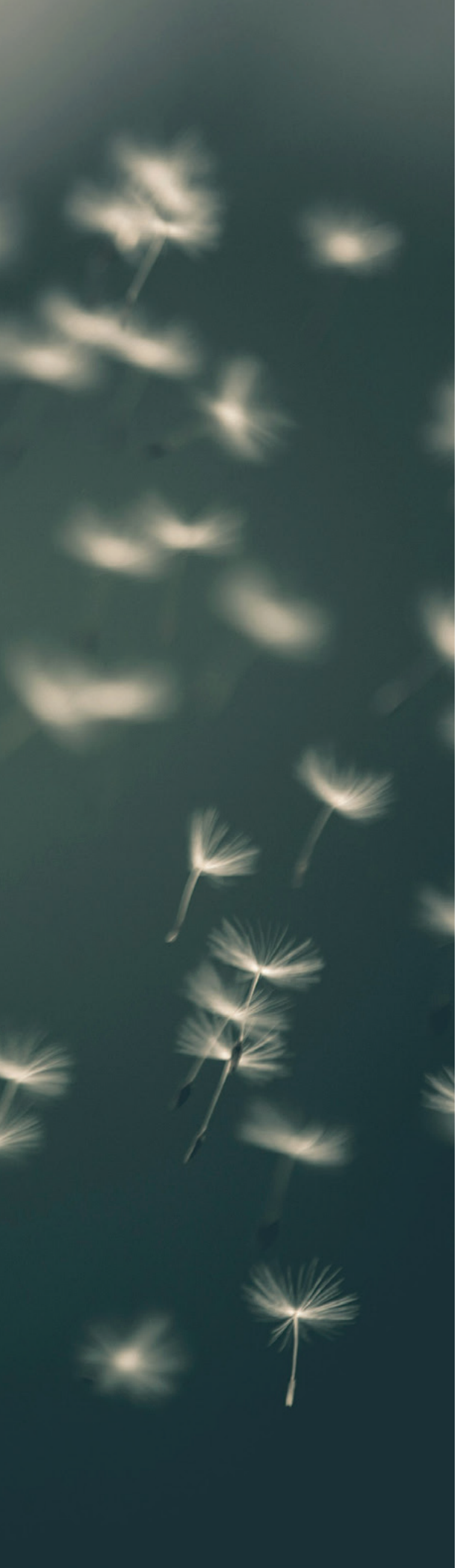
- Team and extended team meetings for continuity of Project understanding
- Community Meetings & engagement
- Orientation of Community Action Teams

Communication

- Regular Meetings with Team leas, and leadership
- Communit action Team meetings
- Briefing notes, monthly , interim reports
- Pamphlets, flyers, & Posters

Lea Bill RN BScN Traditional Practitioner 2024©

Diagram 9: Implementation Methodology Overview



While oversight leadership was very important to maintain the integrity and purpose of the project, it was also very critical for team members to exercise leadership given the restrictions of community engagement caused by the pandemic. The pre-planning and resource development that took place in Phase I and the initial deployment of Phase II provided some autonomy to the communities to initiate aspects of the engagements, which assisted in generating priorities and establishing realistic plans for implementation in a pandemic environment.

The seven-stage implementation model Diagram 10 provided a map that supported all involved in the governance and implementation phases of the project. Presented in the Indigenous Community Guide, this model illustrates clear phases with tasks to be undertaken by the C.A.T, from initiation to the development, implementation and evaluation of community-specific action plans. For instance, the outer circle of the map lists team actions to engage the community in cancer prevention and screening, such as the engagement sessions that were successfully carried out within each First Nation community.

Community Partner team (CPP & CPPL) meetings were organized to provide community-to-community support for project implementation. One online and two in-person extended team meetings occurred to give an update on the project progress from the communities. The CPPs/CPPLs attended many different community events to raise awareness of the project.

ACTIONS MAP TO A HEALTHIER COMMUNITY

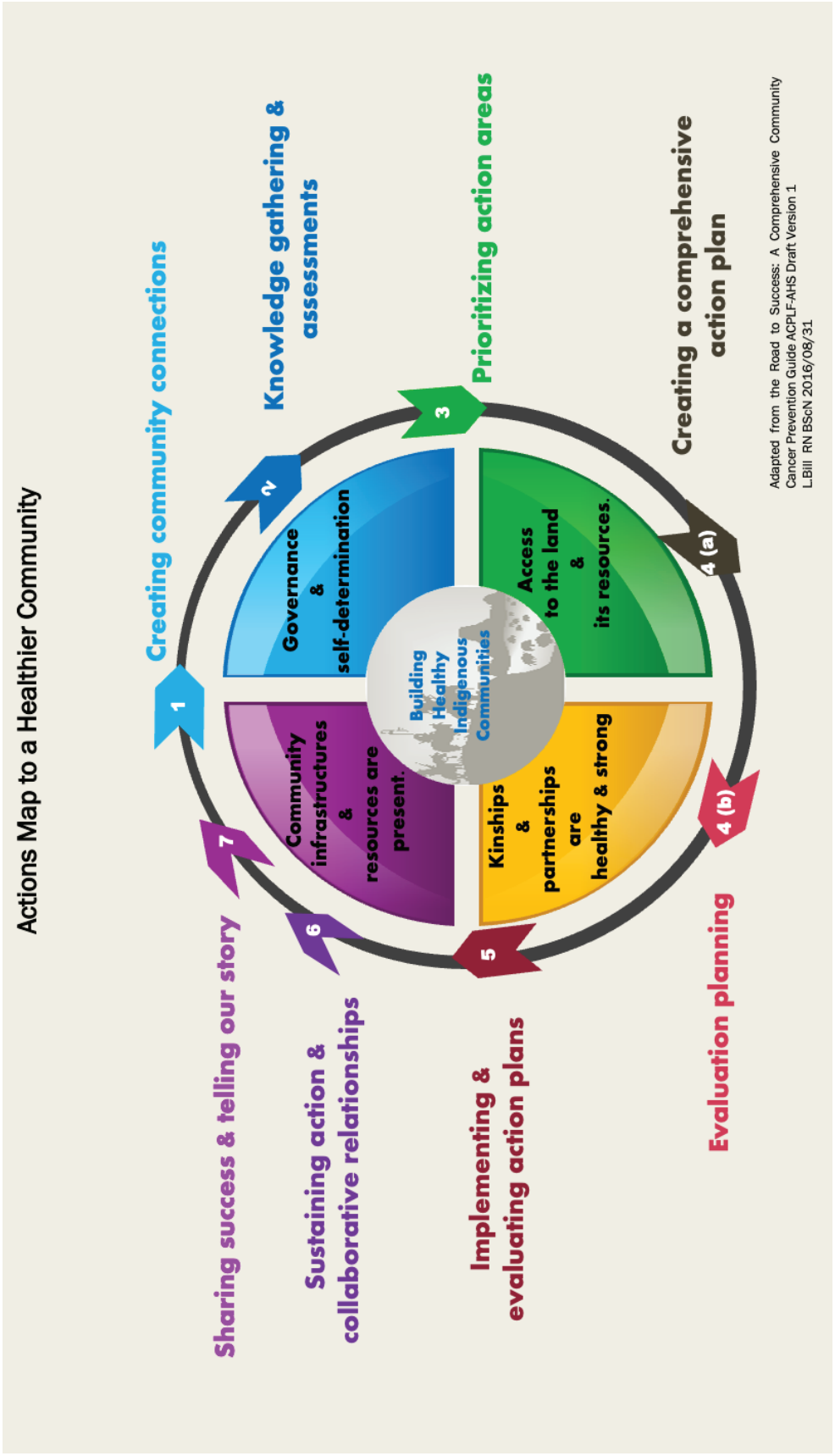


Diagram 10: Healthy Community Action Map

Implementation Testing

Phase II was undertaken to demonstrate the effectiveness (implementation testing for reliability and validity) of the First Nations CSTM as an approach for supporting the development, implementation and evaluation of community-specific cancer prevention and screening programming. Programming based on healthy lifestyle choices is expected to contribute to improved cancer outcomes. At the same time, the partnerships provided an important means to address project goals and objectives and carry out the project activities associated with community action plans. Reflecting a rigorous program design, the conceptual framework places the needs of its beneficiaries at the center of all activities and proposed outcomes. Therefore, implementation testing throughout Phase II required an evaluation intended to be relevant for First Nations concerning their priorities, cultural context and challenges. The potential for sustainability was also important to measure if community planning and actions were to evolve to meet changing environments and long-term improvements to be met. The overall aim and specific questions for the First Nation Practices Project evaluation were designed to support successful implementation testing and are reflected in the project goals and objectives. First, Phase II aimed to provide evidence of the effectiveness of the First Nations CSTM and approach for improved cancer prevention and screening in First Nations communities. More importantly, implementation testing was expected to demonstrate its functional capability as a serviceable model.

Specific objectives associated with implementation testing were:

- Demonstrate the Support Team Model and approach as culturally relevant and appropriate for supporting First Nations to engage in cancer prevention and screening planning and activities (implementation testing of the approach with federal, provincial and community health system, organizational and program partners),
- Co-develop with federal, provincial and First Nations stakeholders and partners a transition plan for the implementation of a First Nations Cancer Prevention and Screening Sustainability Plan as part of a province-wide Alberta First Nation Cancer Strategy,
- Validate the key components of a First Nations Community Support Team Model and approach, including resources and tools reflective of First Nation practices and protocols, as suitable to support cancer prevention and screening planning by/with Alberta First Nation communities.

Additional objectives aimed to support and strengthen partnerships between Provincial and Federal departments along with First Nations partners. These objectives included demonstrating how the CSTM would provide a suitable approach for prioritized screening needs. Knowledge transfer was a key element of the project; thus, the objective was to ensure oral and written evidence was generated to support positive changes in cancer prevention and screening with First Nations. A very important objective was to provide evidence to support the transition of the CSTM approach into multi-jurisdictional stakeholder operations.

The outcome objectives were intended to ensure the implementation of CSTM was suited to meet the needs of First Nations people and their families and their way of life as implementation progressed. This meant that the objectives of the project and the evaluation would avoid a deficit-based approach, which has a pathologizing nature. Instead, efforts were made to focus on the community's strengths and healthy lifestyle choices.

First Nation Evaluation Paradigm and Methodology

First Nations' evaluation is anchored in cultural knowledge and worldview. Evaluation is designed around specific values and principles that are contained within the First Nation worldview. For instance, the logic model for this project sets the premise of evaluation. The Indigenous logic model provides an overarching holistic context and connects all elements of project focus for implementing an evaluation process.

General high-level questions are included in the logic model and refined more specifically with questions generated during partnership meetings to gather evidence around the CSTM. The principles identified in the logic model (Respect, Awareness, Merit, Reciprocity and Meaning) evolved from extensive work in the "Increased Access to Culturally Safe Cancer Care Pathways by Alberta First Nations in Rural, Remote and Isolated Communities" project (Cancer Pathways Project, FY: 2013-2015). Viewed as principles in working with First Nations in a good way, the Pathways project formed a basis of best practices and protocols to be implemented by the project. The First Nation evaluation evaluates the model from a whole perspective. Specifically, it considers how the model has influenced the First Nations' capacity to engage in cancer prevention and screening with a model (CSTM) that allows for a First Nations way of knowing to be applied during implementation. Meaningful change locally designed and delivered.

Secondly, the First Nations Cancer Prevention Planning and Profile Framework provides a comprehensive picture of what ideal cancer prevention and screening plans must strive to achieve. The framework includes a social determinant of health and a community-based participatory perspective grounded from within the knowledge and understanding of a First Nation Research Paradigm. These underpinnings, both Western and First Nations, provided the strength-based approach to the project's evaluation component. It allowed the project to develop and use methods of knowledge gathering, translation and transfer suitable to First Nations people.

In alignment with the logic model and the framework, a mixed methods approach using multiple methods (questionnaires, surveys, meeting dialogues, reporting documents, key informant interviews some conducted within the First Nation language) to gather and interpret information from First Nations perspectives. To this end, the data collection activities were conducted in close consultation with/by First Nation-led community partners and the Alberta FNIGC to develop successful interventions, resources, strategies and evaluation. This methodology and the methods undertaken during the project have proven effective for gathering the correct information and generating answers to the research and evaluation questions posed for the project.

There were two levels of evaluation for the project. These include a component that is linked to addressing the research questions of the project and a component designed to evaluate the significance of community-level activities for successful cancer prevention and screening outcomes. It is important to note that the community Project Teams worked closely with AHS - CPSI evaluation and the Alberta FNIGC to develop an evaluation plan that identified indicators of success. Evidence garnered through evaluation activities alongside project outputs provided a foundation for sustainability and transition planning, thereby contributing to the development of an 'Indigenous Cancer Prevention and Screening Platform' by the end of the project. The Data used to compile the evaluation report came from a collection of project components, including community activity reporting, community engagements, team meeting results, community-specific cancer prevention and screening plans, activities and outcomes.

Evaluation Questions

Phase II evaluation questions focused on answering whether the project's overall aims, goals and objectives were met. Key components of the CSTM were also evaluated to determine if community-specific cancer prevention and screening goals and objectives were achieved. This evaluation found that while the project didn't fully deploy as initially planned, mainly due to the pandemic, many beneficial unintended outcomes and learnings emerged.

Through the evaluation process, the effectiveness of a First Nations CSTM was clearly demonstrated to be an effective and meaningful way of supporting First Nations to engage in cancer prevention and screening planning and activities (implementation testing of the approach with federal, provincial and community health system, organizational and program partners).

The evaluation sought to address the three main goals of the project. The questions were developed to reflect or link to the main goals and research questions of Phase II located within the project's scientific protocol. These included:

Were the key components of a First Nations CSTM and approach, including resources and tools, reflective of First Nations practices and protocols and found suitable to support cancer prevention and screening planning by/with Alberta Indigenous communities?

Were evidence-based outcomes garnered to support a sustainability and transition plan of the model and approach for spread and scale, including implementing a First Nations Cancer Prevention and Screening model and approach as part of a province-wide Alberta Indigenous Cancer Strategy?

Were co-development and co-design principles applied to federal, provincial, and First Nations stakeholders and partners?

The evaluation encompassed specific questions and sub-questions for the C.A.T.s in each First Nation to attain further insight into the impacts of the CSTM implementation process. These included:

What collaborative efforts are required to successfully address Alberta First Nations' cancer prevention and screening priorities?

- What evidence is needed to demonstrate the collective impact of a transformed community?
- What elements of the CSTM support First Nations communities to address their cancer prevention and screening needs and priorities?
- What partnerships are required to integrate and coordinate internal/external programming into First Nations communities' cancer prevention and screening plans?

What evidence is required to demonstrate the impact of a community-specific cancer prevention and screening plan grounded in First Nations understandings and philosophies of health and wellness?

- What is the added value of First Nations health indicators to measure changes and improvements in cancer prevention and screening activities within a First Nations community?
- What processes and steps are needed to develop a community-specific cancer profile to assess and support improvements and changes in cancer outcomes in an Alberta First Nations community?

What must be considered to support knowledge transfer and exchange in cancer prevention and screening for/with First Nations communities?

- What strategies, resources and tools are required to address gaps in cancer prevention and screening knowledge and awareness of/within First Nations communities?
- What strategies are needed to increase and support First Nations community members' healthy lifestyle choices that contribute to cancer prevention?

What is needed to maintain the sustainability of actions for improved cancer outcomes in Alberta First Nations communities?

- What is the role of stakeholders, including Alberta First Nations communities, in supporting the transition of a CSTM and approach into multi-jurisdictional operations?
- What key investments must stakeholders address to support the succession planning required to improve cancer prevention and screening outcomes in Alberta First Nations communities?
- What steps must be carried out to ensure Alberta First Nations cancer prevention and screening priorities inform the development of an Alberta province-wide Indigenous Cancer Strategy?

Community Outcomes

Between the two phases of work, there had been significant and impactful outcomes for each partnered community. In Phase I, a final report details the work and achievements of the communities that partnered in support of undertaking the proof-of-concept process.

The noteworthy outcomes from the first phase, which directly impacted the community processes and, in particular, their priority setting and community profiles, involved defining what health meant to them rather than taking on the health care system's definition of health.

Community definitions clearly indicated the depth and expansive thinking of the teams from the first phase of the initiative. This was the foundation from which all teams from both phases created their cancer prevention and screening plans.

MASKWACÎS (TREATY 6)

"Health has always been attributed to the balance of the whole self. With this principle is the belief that the health of one is the health of all within a tribe of peoples; thus, to keep the balance of a tribe, the health of an individual is seen as an integral part of all health. Medicines provided by Mother Earth and the relationship to the environment are directly related to sustenance required for survival as an essential requirement of balancing the self."

PEERLESS TROUT FN (TREATY 8)

"Health is defined as being active, living longer for your children and grandchildren and being disease-free. It encompasses good food, learning no matter how old you are, being connected to family, language and traditional land activities."

KAINAI (BLOOD TRIBE) (TREATY 7)

"Health is intimately linked to the environment. Health is tied to connections to the land, animals, plants, one another and being close to the earth. Having strong faith in these elements along with the language to communicate and understand from a Blackfoot worldview, which is multifaceted and holistic."

Secondly, not all participating communities had dedicated resources or specific programming for addressing cancer prevention and screening at the outset. The outcomes produced by the communities through the projects are considered prodigious at so many levels. The work altered perceptions and myths about cancer. It provided all partners and stakeholders with an understanding and appreciation for how much work, commitment, and investment are required to facilitate real change and break away from established systems standards that continue to perpetuate inequities of care for First Nations people. For the participating communities, it was a quantum leap towards self-determination for equitable cancer prevention and screening.The indicators from Phase I work demonstrated that cancer prevention and screening work is not an island onto itself but is interconnected with so many other aspects of health and well-being.

Seventeen (17) overarching themes arose from the baseline indicator work done in the first phase and implemented during the second phase to assist with priority setting for consideration during cancer prevention and screening.

1. Services
2. Screening
3. Access
4. Cultural awareness/Culturally safe care
5. Cultural supports
6. Community supports
7. Health and well-being
8. Environment
9. Barriers and challenges
10. Facilitating actions
11. Injury prevention
12. Community landscape
13. Knowledge exchange between systems
14. Resources and tools
15. Human Resources/Health Care providers
16. Community infrastructure
17. Healthy lifestyles

At the outset, building trust at the community level, with the health system and at the partnership level was a key foundational element. Collectivity, cohesive relationships, friendship building, and reconciliation of past harms were important outcomes arising from implementing the model.

As a critical component of implementation, the power and significance of trust building found that support from people in key roles increased the uptake of health education. While groups were small initially, towards the end of the project, momentum for community involvement grew. Many commented during the evaluation that the goals and activities of the work were beginning to take root in the community.

For instance, First Nation community members and their families were given additional opportunities and information for easier access to cancer screening services. Further, greater awareness and knowledge-building supported individuals and their families in engaging in collective decision-making processes regarding grievous health issues.

Local cancer community programming increased, including visits from external cancer prevention and screening services such as the Man Van and Screen Test and additional activities by community members, including walking groups and recreational events organized for/by whole families, helped to build kinship and *mâmawokamâtowin* (working together, helping one another). Community engagement with existing programs was also highly successful as participants made commitments, and community schools joined to incorporate health services visits into the classroom as a resource, providing presentations and promoting student participation in learning events.

Reported conversations with community members indicated there were feelings of loneliness during their cancer pathway. This was viewed as an indicator that kinship bonds must be maintained. The CSTM and C.A.T. members successfully established trusting relations through many of their actions and activities. The evaluation noted the following outcomes significant to dynamic group team building in support of improved cancer prevention and screening participation:

- Building local and external partnerships
- Establishing working and respectful collaborations
- Building networks with Alberta Health Services regarding resources
- Increasing awareness of online appointments with service providers
- Creating a greater sense of unity among community members
- Supporting access to other resources, such as palliative care
- Creating women's groups with childcare
- Supporting social challenges and mental health issues
- Using social media to share information (Facebook, Instagram)
- Doing home visits to provide personal invitations to project events
- Distributing pamphlets
- Sharing posters at community businesses and centers
- Participating in outreach activities
- Supporting new community groups, such as Cancer Support Groups or walking groups
- Planning group activities for all ages
- The creation of a traditional foods cookbook
- Hosting cultural activities to promote key messaging and have critical conversations, includingmoss bag making and kitchen table visits
- Planning and carrying out land-based activities, such as fishing, berry and medicine picking

In spite of the many competing priorities First Nations communities faced and the navigational difficulties this posed for the teams throughout the project, they remained committed. They adjusted their work to fit into the current events the community was experiencing. This became more evident as team members shared the impact of the pandemic on their communities. For example, team members often needed to address these impacts, which resulted in less time dedicated to the project as initially intended. Essentially this meant that the CSTM supported cancer prevention and screening activities as well as other community activities and events.

Process Evaluation Key Findings

Each community was strong in its language, and during this evaluation, Knowledge Holders and fluent speakers utilized the language to improve service delivery. Program summaries were conducted using the Cree and Stoney language during several evaluation community events. Clarity was provided to the community, where the first language is not English. Participants were put at ease when translation and summarizations were provided in the language they were most comfortable with. They also provided consensus statements or supported the speaker in their response. This demonstrated the voice of community membership and perspectives and positioned their lived knowledge within central group decision-making, thereby validating CTSM within each community and identifying programming reflected through ancestral values and worldview.

At the project's close, a final gathering was held with all the collaborators, partners and participating communities. Each community presented its own profile, outlining local activities, findings, community programming, and learnings. For instance, many reported that the project activities had a lasting and positive influence on community members in promoting healthy lifestyle choices and collaborating to build local community capacity in preventing cancer. Additional evaluation findings are summarized in the following sections, which include reporting on the effectiveness of the First Nations CSTM and its approach to addressing community cancer prevention and screening priorities, issues, and challenges.

Data & Information Gathering Processes

Training and facilitation skills development was a central feature of the project. Working together, Alberta FNIGC and CPSI delivered specialized training and thematic education sessions for the CPPL and CPP roles during project orientation. This worked to ensure project fidelity based on the merits of collaboration. Established in Phase I, proof of concept for the model and approach required community partners to implement the project as laid out in the CSTM and approach. This meant that program materials needed to be developed and piloted in Phase II, including data collection processes and tools and an evaluation kit to help communities monitor and track local activities.

With emphasis placed on data and implementation information gathering, an important task of the C.A.T. was to generate local interest in the project and project activities. To support engagement by community members in the project, training for CPPLs and CPPs included historical factors affecting First Nations determinants of health, impacts on the family unit and community as a collective and acquiring information to raise awareness about cancer and cancer prevention. The approach and processes utilized to support partner communities in successfully achieving project milestones and meeting deliverables were evidenced by the variety of cultural activities provided within participating communities and the number of people attending these events.

Key Resources & Tools for Implementation

The calibre of the First Nation community resources piloted and used during Phase II was reported to be cutting-edge and culturally sound. Much attention was paid to detail when developing or adapting the resources and tools to support the successful implementation of the CSTM as meaningful and culturally relevant. This was made possible during Phase II with the inclusion of local customs as an overarching context for each resource. For example, the language of the partner community was spoken and incorporated into resources, training and activities as much as possible, resulting in a nurturing of the project processes as a core strength of the project. In this way, program learning was grounded in resources adapted, designed, and developed to be culturally grounded, appropriate and safe. Although a great deal of diversity exists across First Nations and their cultures, commonalities within the resources included a focus on community capacity building and themed engagement processes to gather specific targeted data.

Local Community Planning

The communities reported that engagement processes provided the opportunity for local input to identify their needs. Plans were then created in response to the identified needs established as priorities. Each community saw nutrition and cultural activities as an important element of their plans. An unintended outcome of the sessions in the communities was restoring their families' systems of kinships and these bonds are direct support structures for cancer patients and their families. Given the historical impact of the residential school on these family systems, upholding these familial cords was considered to be of significant importance. Collaborations were prioritized, and local programming could only be fostered by forming partnerships with key community organizations.

The following community activities and learnings arose from the project work in the community:

- Old ways of visiting were revitalized.
- Kinship systems venerated.
- The kitchen table became central for discussions of serious issues conducted in their own language.
- Harvesting and preparation of traditional foods cookbook developed.
- Traditional foods were highly prioritized with group activities.
- Youth learned about the benefits of 'smoothies.'
- Finding dedicated space was always a concern.
- Gender-based groups were formed with childcare provided.
- The readiness tool was identified as the strongest resource and was often used as a reference for gauging activities/(measuring) movement internally.

The group approach and inclusiveness were central as people wanted to be personally invited to activities, a traditional practice expressed through gathering and engagement.

Elder Knowledge Holder (EKH) Guidance

Elder Knowledge Holders emphasized the importance of understanding that cancer touches all people and has no boundaries. The pride and strength of First Nations communities are evident with the ethic of togetherness and *mâmawokamâtowin* (working together), which was demonstrated throughout this project.

A common cultural challenge the groups faced was cancer as a subject; it tended to be a prohibited and a highly culturally sensitive topic among some First Nations Elders/Knowledge Holders and community members. Including an Elder/ Knowledge Holder (EKH) as a member of the C.A.T. helped guide related discussions in a culturally appropriate and meaningful way. For instance, during the final evaluation engagement session, one consistent theme was the disciplined teachings from Knowledge Holders and Traditional Practitioners who spoke at great lengths to be culturally sensitive when discussing cancer.

From these perspectives, cancer is seen as a spirit. This helped the teams to broach the subject carefully and thoughtfully in communities and to use First Nation languages in carrying out cancer prevention activities and delivering programming as much as possible. The following teachings were provided during these discussions:

- Approach discussion about cancer and cancer prevention with respect.
- Acknowledge diversity and differences in communities and cultures regarding the different perspectives and beliefs found to exist about cancer.
- Learn and follow the strict codes of conduct regarding cancer within some First Nations communities.

This was particularly salient advice given the fair amount of resistance that C.A.T.s encountered during the project. A First Nations community approach to cancer must be sensitive to the beliefs that cancer, like all things, possesses a spirit and that there are specific teachings about what can be discussed in a public setting and what can be discussed in a group or with an individual.

Outcome Evaluation Key Findings

The First Nations Community Support Team Model and approach (Indigenous Alberta Healthy Communities Approach) was deemed by community partners to represent a highly transferrable approach and model for any sector that provides services on reserve (including information on community project teams, best practices, challenges, suggested improvements, etc.). Key points identified by the partners from the evaluation included comments that CSTM was deemed as:

- Culturally appropriate and safe to address cancer prevention and screening, including education and outreach.
- Relevant as a community capacity-building tool and partnership approach to address challenges in cancer prevention and screening programming on reserve.
- Recommended for First Nations communities who want to build strong, sustainable communities.
- Described as a suitable and valuable approach to support community mentorship and apprenticeship roles for interns within the model processes.
- Shown to support First Nations knowledge transfer processes.
- Capable of ensuring direct leadership roles for Elder/Knowledge Holders to guide approaches, processes and activities.
- Significant for Indigenous Knowledge Translation and Knowledge Mobilization (KMb) as successful project implementation and outcomes.

Phase I Key Evaluation Recommendations

The following recommendations are based on evaluation outcomes at the project's midpoint and through discussions by project team members on lessons learned during the work.

- Mentorship for Indigenous community members in project management may be required to define project scope, engage multi-jurisdictional stakeholders/ partners and capture process and evaluation details.
- Developing core principles from Indigenous perspectives to provide a foundation from which all Project Team members can adhere is necessary to ground the work in values and subsequent outcomes that are meaningful to Indigenous communities.
- Recognize that both the Project Team and the community are learning.
- Aligned with the processes of First Nations and community-based research, partners need to be involved at all stages of the research process to support the development and use of culturally appropriate and safe processes and outcomes.
- Understand the need for adaptation in processes and activities to meet the priorities and needs of First Nation communities and people and allow for a better rhythm in the workflow.
- Research developed outside of communities does support ownership and uptake of outcomes.
- Researchers and funders require education and teaching to understand how to work respectfully and successfully with First Nations leadership, organizations, and communities.
- Avoid a high turnover among project team members, as this may lead to distrust by Indigenous community members.
- Funders require a better understanding of First Nations research methodologies to support the development, implementation, and evaluation of First Nations processes, practices, and activities.
- Review funding of labour and non-labour costs to ensure appropriate capacity and resources are provided to communities, e.g. Elder/Knowledge Holder protocol needs.
- Regular review of project teams and member roles and responsibilities assists in providing ongoing clarity while ensuring that workloads are distributed in a fair and equitable way.
- Funding needs to be available for initial engagement and preparation, such as establishing trusting community relationships.
- Stay flexible and open in the approach to working with each community partner due to their diversity in culture, language, and practices, as this may require a new approach for partnership and relationship building.
- Learning about First Nations governance structures and processes, including the differences between different organizations is important.
- Ground the project in holistic oral society perspectives, i.e., sustainability and evaluation needs in First Nations contexts cannot be understood entirely or captured on paper because of the processes for knowledge transfer among First Nations people and by Elder/Knowledge Holders through First Nations ways of teaching.

- Understand that sustainability/knowledge translation and exchange are processes linked to the bigger picture (such as provincial or national strategies), which requires more engagement and time.
- Engagement with multiple sources of Indigenous knowledge, such as work with Indigenous nurses, is often required and needs additional time, planning and resources.
- Take the time to document lessons learned, changes to the project, etc., throughout the project to avoid losing important information.
- Ensure all team meetings are necessary by regularly reviewing their purposes and scheduling.
- Plan to incorporate a First Nations lens into project documents, including the project charter, scientific protocol, and evaluation plan.
- Host, fund and plan for annual face-to-face meetings with all project teams to improve the project processes and activities.
- Incorporate First Nations evaluation into the project to reflect the cultural perspectives of measurement.
- Work with First Nations communities to make project documents, such as the project charter, more applicable to the needs of these team members and their communities.
- Planning timelines must be negotiated with First Nations community team members to account for competing priorities and events that impact a community. e.g. rescheduling due to flooding/fires and public health emergencies.
- Follow cultural practices and protocols where appropriate to support ownership of the work and activities by Indigenous communities.
- Team meeting materials and information, including meeting minutes, need to be provided as soon as possible to support good reporting processes with communities and provide key takeaways from the project work and activities.
- Negotiate data-sharing agreements with communities to protect all data and information.

Additional noteworthy implementation outcomes were found to have occurred within communities through the following:

- Changes within the community due to the project and its purposes and activities included improved community member attitudes, awareness, knowledge levels, interest and requests for information regarding cancer and cancer prevention.
- Changes to the environment resulted from action planning to address specific healthy lifestyle choices, e.g., new or improved structures for physical activities, community gardens to address nutrition, and programming aimed at screening awareness and testing.
- Unintended outcomes from the project, such as learnings for communities that may not have completed the Community Guide, were considered successes due to raised community awareness and a willingness to ask questions about cancer, cancer prevention and screening.
- Multiple new partnerships and projects were established from the work.

Key Project Deliverables

The Role of the Community Action Team (C.A.T.)

As the intervention, the CSTM and approach required a vehicle or support system to implement the steps of the model. The C.A.T. and the community facilitators' (CPP/CPPL) role would be that vehicle and was critical to the project's development, implementation and evaluation within each partner community. Using a team approach, extensive time and energy were put into outreach as a central feature of the project and its importance in promoting engagement and open dialogue. This included engagement between the C.A.T. and the community and between the project team and the

C.A.T. Implementing the model and approach in this way better demonstrated the model's effectiveness in supporting an exchange of important information and key learnings between the lead organizations and First Nations communities.

Another important responsibility of the community facilitators was to support the development and implementation of a community-specific cancer prevention and screening plan based on the identified needs and priorities of the community members themselves. Actioning these plans would enable communities to target their knowledge gaps, address priority area needs around cancer prevention and screening, and implement culturally relevant programming while highlighting its importance to success.

An additional responsibility and focus of the CPPL was to establish and engage in partnership building within and outside the community. These partnerships were important in coordinating project activities, especially those involving screening. Partnerships reported to be significant to the implementation and completion of the project included Alberta Health Services-Screening Programs (Screen Test) and the North Zone (Mobile Cancer Prevention Unit). Community schools were also reported to be important, with special emphasis placed on these partnerships to sustain community actions in cancer prevention and screening. By engaging schools as partners, the C.A.T would work in a systemic way to align project goals and objectives with educational outreach activities, such as the delivery of health curriculum.

Based on these strategies, different age groups were involved in classroom activities to create art or posters about healthy lifestyle choices that promote health and prevent cancer. Youth were asked to draw pictures of what supported their overall health and wellness. Elder/Knowledge Holders provided healthy lifestyle messaging in their own languages that were translated into English.

Further, many of these activities were incorporated into other activities that took place in partnership with healthcare staff working within community health centers. At all times, key components of CSTM and approach were used in the messaging design to share information about overall health and cancer prevention, such as 'eating healthy and being active' to live longer.

Applying Tools to Address Gaps in Knowledge & Awareness

Careful forethought and pre-planning went into constructing the Community Supportive Settings Survey (CSSS), intended to facilitate community actions that support life-sustaining health behaviours that promote

health and prevent cancer. This survey was deemed to be the most instructive, informative and transformative resource by participating community partners as a facilitation tool. Capable of establishing inclusivity across health sectors and community members, the CSSS has two parts that support the C.A.T. in working as a unit and collectively making decisions. The engagement of program leads, healthcare staff and community members in the survey provided a voice for all participants to identify the foremost priorities in making healthy lifestyle choices the easier choice. Seven themes and indicators provide a basis for the CSSS that have been found to be essential in improving community environments to promote health and prevent cancer, thereby representing a tool and process with the additional potential to act as a core capacity-building activity.

Through this process, the CSSS was able to support the development of ideas that established short and long-term goals, as well as support activities from within local contexts, by helping to gather and share information and support personal steps in taking actions to promote good health outcomes including healthier eating or increased physical activity, which contribute to the prevention of cancer. This tool was used to determine locally what the community prioritized and what activities they identified for their community. There were challenges in implementing the CSSS, which included using technology to collect data and meeting the availability needs of participants. However, the C.A.T. in each community persevered and conducted the survey to determine the healthy lifestyle choices and kind of activities that members viewed as important on which to focus. Choices fell under five categories: healthy foods, physical activity, limiting alcohol, avoiding commercial tobacco use, and protecting against UV.

There was also unanimous agreement among the community partners that the Readiness Resource and Community Guide were important to successfully implementing the CSTM and approach. This included trust building needed to engage community members in the project and create a greater awareness of cancer and cancer prevention in the community. Community facilitators stated that the training provided at the start of the project helped to inform them on the steps of the project but also gave them a high level of confidence in their teams: "[The training showed us] how to get out there and spread awareness, to find out where we [needed to start] and how we could help everybody."

Additional Key Learnings from the Community Evaluation

Additional key learnings reported during the evaluation included challenges communities face in addressing cancer, such as a lack of transportation to participate in screening, distances to access care and the sensitive nature of cancer as a topic that remains taboo or restricted by Elder/Knowledge Holders in some communities. This brought up the importance of developing local promotional materials. The First Nations CSTM offered communities a cultural framework to guide and create dimensions for change from within the context of their own knowledge systems. A key indicator of success in this regard was the ability of community teams (C.A.T.s) to develop pamphlets, brochures and materials reflective of their own cultural expressions and teaching methods. Demonstrating local action within First Nations communities, the development of these tools validated many of the community's concerns about cancer. As a result, both community CPPs and CPPLs

reported that many conversations occurred, and community members asked many questions about cancer and cancer prevention and screening.

Engagement and outreach were further found to be significant in several important ways. First, emotional support became an important factor to many community members during project activities involving engagement. For example, one C.A.T. member commented: "I think after having community events, some people started talking about their concerns, and the main [need] I heard about is to start a cancer support group. When they had a family member die from cancer, they didn't have anyone to check up on them. They were going through the grieving process alone."

Also, the C.A.T. members could encourage individuals and family members experiencing cancer while team building was supported amongst the C.A.T. and project partners. Individual volunteers themselves cancer survivors also joined in to support some project activities, thereby increasing awareness of potential partners at a local level. Statements by C.A.T. members that reflect this increased awareness of partners include: "I think working or asking [Municipal Districts] to work together helped create cancer prevention and screening plans" and "When we held events, we tried to recruit people to join the C.A.T. team. We also asked the [Municipal District] and Parks and Recreation to partner in implementing the community programming." Illustrates the many levels of local collaboration.

Further, strategies used in communicating information about the project were critical to success and the community's involvement. First Nation language speakers are one example of an important strategy to engage community members, particularly the youth. Wherever and whenever possible, youth tended to become very engaged when First Nation language speakers could translate their language and the meanings of concepts into English. Communication and outreach using the internet, social media, local radio stations, and newsletters were also important in promoting engagement and participation in project activities. Other engagement strategies included workshops, education sessions, and events that provided opportunities for people to share their concerns.

There was general agreement among the CPPs that outreach with external programming, such as the Tom Baker and Cross Cancer Institutes, helped to garner specific health information about cancer and cancer prevention. Also required is the need to place more capacity into supporting men's local programming like 'men's shacks' where men can gather to do their own activities. Gendered culturally sound activities were also talked about during the evaluation, such as providing a safe space for sensitive health discussions to take place and providing health information for all genders.

Central to sharing information about the project and cancer prevention was the use of cultural gathering places. These sites and events in First Nations communities, such as Pow Wows, were ideal locations to host information booths. In this way, additional opportunities became available to engage members from other communities to benefit from the knowledge being shared.

A consistent theme throughout community members' engagement in the project's work and activities was the advancement of cultural knowledge and understanding amongst project leads, community leads, C.A.T. members and community participants. This was important as sharing cultural knowledge often increased community member interest, community member engagement and community knowledge about cancer and cancer prevention. For instance, one C.A.T. member stated: "Team member involvement got easier and more comfortable over time... and talking about cancer indirectly helped. I learned talking about or starting a conversation to promote healthy eating and exercise helped in this way."

Linking Community Findings and Outcomes to Evaluation

Phase II aimed to demonstrate the effectiveness (reliability and validity) of a First Nations Community Support Team Model and approach in supporting communities to develop, implement and evaluate cancer prevention programming based on healthy lifestyle choices that will contribute to improved cancer outcomes. The following tables identify and detail recommendations for success alongside the outcomes evidenced through the final project evaluation activities.

Evaluation Question	Findings and Outcomes
What specific evidence-gathering was an important aspect of the success of the CSTM?	• Participant surveys yielded important information for iterative planning and development. • Organized and facilitated engagements to bring the community together. • Zoom provided a platform for a dialogic process for community members on topics of family history of cancer and prevention. Innovation was present by applying creative ways of recruiting community members into the activities; for example, a Health Passport program made it easier for community members to participate at a reserve fitness center. • Ongoing awareness of screening and prevention rather than a one-time event. • Focused on healthy lifestyles rather than cancer as a disease. Utilization of community-based/generated indicators, cultural knowledge, and ways of doing was supported by increased community knowledge and awareness of community-specific priorities and ownership of the planning and development process. • The project hosted cultural gatherings on wellness strategies and noted increased interest in participation in screening activities. • Community programming with incentives, for example, when the health passport had met specific goals, the participant was provided with wholesome foods, including fresh vegetables. • Other programs were willing to participate in the project and added value, such as established programs and groups (transportation, prenatal program, school health program, and Elder gatherings).

Evaluation Question	Findings and Outcomes
What are the collaboration requirements to successfully address Cancer Prevention and Screening priorities?	• Valued and trusted family kinship support systems remain the primary collaborative cultural engagement methodology (families have designated knowledge holders and leaders). • Positioning First Nations Knowledge Holders/Elders in crucial supportive customary roles as Knowledge Keepers to inform and guide the project. • Customizing community-based resources and equity capacity-building tools. • Cancer prevention and screening can be a catalyst in facilitating community harmonious practices where deep ancestral knowledge systems establish meaningful relationships and sustain partnerships for advancing holistic health practices. • Collective decision-making process via dialogic processes allows for stronger messaging of best practices. • Family-focused Kinship leaders are entry points for specific interventions (grandmothers, medicine people, Knowledge Holders). • Effective intergenerational communication skills and knowledge transfer paired with land-based activities to address women's health (Grandmothers speak on female health) and men's health (grandfathers speak on male health) to promote screening. Continuous local refinement and adaptation consistent with First Nations teaching of all things being in constant motion unfolds an iterative, cyclical process required for improvement and necessary for implementation. • Unifying internal and external program messaging with formal and informal communications with local radio stations, newsletters and social media fully utilized. Community Action Team (C.A.T.) conceptualized a customary method of local problem-solving. • Fluent language speakers are critical in the knowledge translation process (creating greater program awareness within the community). • Including the community's First Nation language in health promotion resources for cancer prevention and screening (pamphlets and brochures). • Access to medical interpreter/personnel to assist with terminology. • Building relationships and maintaining local participation and presence of healthcare providers from nearby community health clinics and hospitals. • Making results available to the community members. • Documenting issues and referring to appropriate agencies for consideration, for example - greater numbers of cancer cases within community conversations - remote community infrastructure issues to access oncology care and screening (after-hours care, cost of living, transportation, etc.), persisting challenges for remote communities (e.g. cost of living, transportations, etc.). • Established clear project roles and relationships and maintained local participation and presence of healthcare providers from nearby community health clinics and hospitals to build stronger relationships. • Oral tradition was used to report and make project results available to community members for ongoing participation. • Demonstrated active listening and critical conversation, which yielded greater numbers of cancer cases within the community.

Evaluation Question	Findings and Outcomes
What partnerships were required to integrate and coordinate internal/external programming into First Nations communities' cancer prevention and screening plans?	• Emphasis on partnerships with other community organizations, such as partnering with schools – the model supported the establishment of a Community Support Team (School visits and presentations were important parts of implementing community action plans). • Approaching additional external stakeholders; for example, it was suggested that representatives from the municipal districts be included in future health initiatives (members often receive key services from municipal districts). • Cancer Care Alberta must be involved as an external stakeholder. Health clinics are internal partners; medical doctors were external and were asked to join in community planning and activities. • Partnering with transportation services: The local health clinic provides services to the surrounding community, including shuttle transportation to and from medical appointments locally as well as into Edmonton (provided important information on barriers and gaps for patients attempting to access screening services).
What is the evidence of the impact of community-specific cancer prevention and screening plans grounded in First Nations understandings and philosophies of health and wellness?	• Ancestral protocols were observed prior and during project implementation. • Consent to community participation was communicated through a Band Council resolution. • The process supported language retention and drew in people who would not usually participate in prevention and screening programming. • Culturally sensitive pamphlets, banners, and promotion resources/ materials were created and shared at various locations on reserve, such as the band office and local school, and between teams. • Traditional customs supported the implementation of plans in a culturally safe manner and supported reconciliation of past harms and negative experiences with the health system; for example, Elders and community member cancer survivors shared their stories in group settings. • Family as medicine, households and extended family educate themselves as caregivers and support system of how to assist and understand the cancer pathway. • Traditional approaches to outreach in the community increased the knowledge of community members about cancer prevention and screening programs (home and outdoor harvesting activities provided a culturally safe place for visiting and sharing knowledge about cancer, screening and prevention to help one another).

Evaluation Question	Findings and Outcomes
What was the added value of Indigenous health indicators and cultural knowledge for measuring change and improvements in Cancer prevention and screening activities of First Nation communities?	• The 17 baseline indicators provided additional options for approaching cancer prevention and screening rather than just the five risk factors initially presented by AHS Healthy Communities' approach. • Teams gave presentations in the schools, wellness centers, and other gatherings on reserve to promote and recruit participants and promote healthy lifestyles. • The CSTM supported the teams with community engagement and increased awareness about healthy lifestyles and cancer prevention from a whole perspective. • Data collected followed OCAP® principles, adding to trust-building. The frequency of Screen Test visits was identified as needing to be increased to ensure a broader uptake; the screen test managers need to use the number of people attending screen test events as an indicator, not just a visit to a specific geographic periodic visit was not meeting the needs of communities. • An oral history of traditional medicines shared by Elders was an important element to the success as they made use of traditional medicines as an important aspect of a healthy lifestyle and wellness practice.
What elements of the model supported communities in addressing cancer prevention and screening priorities?	• Community-appropriate strategies, processes, and resources are key components of success in using the CSTM model and approach. • Communication and promotional displays on cancer and cancer prevention were utilized at community events. • Presentations and opportunities for conversation were made available when screening services visited the communities (e.g., Man Van, Screen Test). • A community member passbook was created to track and encourage screening. • Culturally sensitive approaches, including a banner on cancer and screening, helped to start conversations. The banner remains on display as a reminder and as a conversation starter about cancer. Smudge kits were made during COVID-19 to support families, providing opportunities to incorporate traditional and cultural ways while promoting cancer prevention and screening.

Evaluation Question	Findings and Outcomes
What processes and steps were needed to develop community-specific cancer profiles to assess and support improvements/ changes in cancer outcomes in Alberta First Nations?	• Setting up a booth at community cultural events (Pow Wow and National Indigenous Peoples Day) to increase awareness about the project and community activities for Cancer prevention and screening planning. • The community explored their beliefs about cancer; for example, the term cancer is taboo/forbidden and reached a place of comfort for promoting cancer prevention and screening. • In the past, there was silence around community members diagnosed with cancer; the project raised the importance of supporting one another as the disease alone is difficult to navigate. • Healthy lifestyles were supported by traditional teachings. • Awareness of environmental factors in land-use changes, from the way in which homes are heated to the health of water, was an important topic of discussion. • Fluent CPP language speakers created greater program awareness within the community. • Created pamphlets and brochures within the community in their language, such as the Stoney and Cree language. • Exploring and addressing remote community infrastructure issues to access oncology (after-hours care, cost of living, transportation, etc.). Identifying the critical need for medical interpreters/personnel with medical terminology. • Ongoing awareness of screening and prevention was deemed important. • Focused on healthy lifestyles, as cancer is a disease. • Dialogues increased awareness of greater numbers of cancer cases within the community through conversations.
What are the considerations for Knowledge Transfer and Exchange in cancer prevention and screening for First Nations communities?	• Suggested resources are required for future cancer prevention and screening projects, including more time to deliver the program. • Build and maintain local relationships/partnerships for participation and presence of healthcare providers from nearby community health clinics and hospitals. • Developing language-based resources, such as oral video presentations with knowledge holders as the messengers of key messages.

Evaluation Question	Findings and Outcomes
What strategies, resources, and tools are needed to address gaps in cancer prevention and screening and knowledge?	• Suggested resources for future cancer prevention and screening projects need to include more time to run the program (a dedicated program is needed due to the time it takes to build relationships and establish the program in a community). • Infrastructure is important, such as an office or building, to house an entire team of cancer prevention employees. • Project results need to be made available to the community members to demonstrate the impact and changes occurring in the community. • Allow teams and community to explore community beliefs about cancer support, building trust and mutual respect for knowledge and developed beliefs. • In the past, there was silence around community members diagnosed with cancer; engagement provides an opportunity to co-create plans that offer the opportunity to have solutions-based approaches to barriers impacting cancer prevention and screening. • Partners provided promotional material and information, as well as data to support output. • Forming local strategic partnerships was a catalyst to practice cancer screening and prevention education. • Orientation training activities increased knowledge level and confidence to do public outreach. • Shared decision-making through the community engagement process is an equitable mechanism to address specific issues. • Project resources such as the Community Guide and Readiness tools were culturally safe tools familiar to the group's ethos and not foreign. The survey tool (CSSS) was effective; however, it was considered lengthy and needs more adaptations for it to be a good fit for First Nations.
What is needed to maintain the sustainability of activities for improved cancer outcomes?	• Transportation is a key factor in accessing screening and treatment for • cancer - understanding that all levels of support are requirements when battling cancer is an example of what is needed for the sustainability of cancer prevention programs. • Dedicated infrastructure. • Health centre staff involved in the project require additional support given their heavy workloads, and all communities indicated they felt supported by the CPPL role. • The principles of the CSTM helped guide the project, and community teams were happy to have resources to use during their planning; this was evident in Phase II. • Support of the Chief, Council, and Program Director is required. Keeping the focus on family and the importance of family within the model is important.

Evaluation Question	Findings and Outcomes
What strategies are needed to support First Nation members with healthy lifestyle choices that contribute to cancer prevention and screening?	• Continue to build greater awareness around CPAC Priority 6 (cancer care closer to home and support expanding the outreach of screening programs and resources to develop culturally appropriate resources). Created and maintained local participation and presence of healthcare providers from nearby community health clinics and hospitals. • Suggested resources required for future cancer prevention and screening projects to include increasing delivery time to run the program. • Infrastructure is important, such as a dedicated office or building, to house an entire team of cancer prevention employees. • Traditional teachings supported healthy lifestyles. • Elders shared oral history of traditional medicines and existing familial knowledge of self-care concepts. • Awareness of environmental factors in land-use changes, from the way in which homes are heated to the health of water, was an important topic of discussion that should be incorporated into prevention teaching.
What is the role of stakeholders, including Alberta First Nations communities, in supporting the transition of the CSTM and its approach to multi-jurisdictional operations?	• Mandate Reconciliation in the Truth and Reconciliation Commission's Call to Action #s 18 to 24. • Foster and support First Nations in revitalizing their traditional life skills. • Utilize Zoom and webinars to continue public health messaging around cancer screening and prevention. • Emphasis on facilitation and CSTM training skills to promote health and prevention. • Promote the CSTM, the principles within the model helped guide the project to completion. • Invite internal stakeholders to communities to participate in events. Engage stakeholders in community engagement transition dialogues. AHS, as a stakeholder, operates public health, which creates jurisdiction issues and adds to the disparities, resulting in more collaboration and co-creation and role-defining between provincial and federal stakeholders. • Transportation, understanding, and support are requirements when battling cancer, and they are examples of what is needed for the sustainability of cancer prevention programs. • Program support of the Chief, Council and Program Director is required during all phases of implementation.

Lessons Learned and Next Steps-Discussion

Phase I resulted in lessons learned that were used to revise and expand upon the CSTM and approach for Phase II, such as adding the CPPL role to the C.A.T. to support partnership engagement. Other lessons learned during Phase I are listed here:

- All First Nations community members are impacted by cancer.
- Resources and support requirements of communities must be negotiated throughout the project to ensure success.
- Best and promising practices aligned with community practices and protocols establish and maintain ongoing trust.
- Community practices and protocols sustain community buy-in and commitment while supporting community action.
- Elder/Knowledge Holder support is key to grounding strategies and action in culturally relevant solutions.
- Current health education and resources need to be more suited and effective for First Nations, including language, information, graphics, methods of delivery, and service providers.

These lessons not only informed the First Nations Cancer Prevention Support Team Model (Diagram 5) created in Phase I but also laid the groundwork for developing a conceptual framework capable of supporting improved cancer prevention and screening in First Nation communities. The framework (Diagram 4) proved critical in establishing a 'proof of concept' for a First Nations community approach to cancer prevention and screening programming.

1. Remote communities continue to face challenges with online connectivity and technical equipment that impact access to assist in programming.
2. Cancer remains a delicate subject that is sensitive and requires culturally informed dialogue through private conversations, often taking place using traditional practices and processes.
3. COVID-19 restrictions posed significant complications during the project, which continue to impact health services and delivery in First Nation communities.
4. Staffing within health centers remains a critical issue for all First Nation communities.
5. Utilizing all forms of communication, both oral and written, is important to share health education and information.

The pilot of a First Nation Cancer Prevention and Screening program was deemed successful by applying a Community Support Team Model and approach. Validated as a 'proof of concept' during Phase I, data from information collected in three First Nations communities was used to inform implementation testing during Phase II. The specific outcomes within each community were shown to lead and drive change in cancer prevention and screening programming within communities. Many improvements to First Nation care pathways were highlighted throughout the project. The robustness of the materials and community resources provided a foundation for these improvements and changes to be transitioned and sustained within health systems, both locally and provincially. Overall, the sequencing of the learning modules and application steps of the model supported the creation of a confident, productive community role to facilitate the development and implementation of local programming. These modules thoroughly prepared the workers to draw upon their language and cultural knowledge to practice and maintain traditional ways where culture can provide a means to attain good health and prevent disease, including cancer.

Important next steps from this work are transitioning and sustaining the CSTM and approach as a valuable model for designing and implementing cancer prevention and screening programming within Alberta First Nations. This should include the dissemination of the tools and resources, including an emphasis on training community personnel. The capacity to share and implement this model within other Alberta First Nations communities is critical to scale and spread the model and approach. As a new way of doing business and supporting First Nations in taking the lead in addressing their cancer prevention and screening priorities, the implementation testing of this model and approach has shown much promise in impacting long-term and improved cancer outcomes in these populations.

Concluding Statements

The final word on the effectiveness and potential impact of the model and approach to meeting the cancer prevention and screening needs of First Nations is found below in these direct quotes from the evaluation.

"The gatherings brought us together as that the project did work and increased the community's knowledge of cancer and screening. Having community members increase their own activity and giving thought to dietary changes is success. The creation of an activity passport with a prize incentive is a brilliant idea that increased physical fitness. Success very much lies in the things that we cannot see but will be seen in the future with reduced rates of cancer and increased support for this reserve."

"We need more the awareness...to keep it going... that would sure save lives. I've seen it with my family that they were diagnosed at the late stages. There's not much we can do then. But early stage, like mine when I was diagnosed with prostate cancer, I eat like a rabbit, lot of water, and walk..."

"A lot of people are afraid for their doctor's visit... when I got my call...my spirituality was low, and different thoughts came to me. Am I going to be around next summer...the way we were trained in the past, from our Elders... eating properly helps your body, we can get them to understand that more and medicine, we will heal our lives...the government has us living in fear, and everyone has fear. It's one thing we have to overcome."

Discussion Points

Shared Project Challenges

The challenges experienced by all First Nations community partners were similar. Factors such as distance from services and community remoteness remained constant as communities described how they navigated an environment fraught with high incidence of COVID-19. These shared challenges, in many cases, led to the need for rescheduling training and engagement sessions with team members and community participants alike. The many deaths experienced in some communities were especially difficult as a family loss and/or illnesses in communities often result in a shutdown of community services and a delay or cancellation of planned events. Further, in summer months, communities find that many members begin to travel, and many workers, including project team members, take annual leave. This means events are poorly attended during this time.

The subject area of cancer is a highly sensitive topic. The nature of the topic may influence community and individual well-being and, therefore, must be broached carefully with an understanding that cancer is seen as a spirit. Given this understanding of cancer, the subject is often not discussed openly, and discussion is even highly discouraged by some Elders. However, speaking about cancer in the context of health and well-being offers the opportunity to provide strong prevention messages that can take positive forms and result in personal decision-making that promotes healthy lifestyle choices. Community Knowledge Holders/Practitioners immediately recognized the value of the CSTM and felt that the project would provide a key resource to community members. Recognizing that knowledge is key and that this model has the potential to bring people together for a common goal around sensitive and necessary topics that severely impact families, the CSTM represents a contemporary pathway for First Nations cancer patients and their family's experiencing cancer.

The CSTM in Phase II was found to be a credible and valuable tool for addressing community concerns around cancer and cancer prevention. The participating sites demonstrated that community-led, co-development, and collaborative partnerships support real change for all involved, a unified approach that sustains the fullness of whole community health. By engaging in community-led processes, community health and wellness were prioritized, which, in turn, supported decision-making regarding cancer prevention and screening components that the community would then focus on in developing their action plans to address healthy lifestyle choices.

Conclusion

The Cancer Prevention & Screening Project: First Nation Project Evaluation of the Implementation of a Community Support Team Model in First Nations Communities of Alberta represents a significant milestone in fostering culturally grounded approaches to cancer prevention and screening. Through developing, testing, and implementing the First Nations Community Support Team Model, this initiative has demonstrated the critical importance of integrating First Nations ways of knowing, traditional health practices, and community-defined priorities into health programming.

Phases I and II of the project provided a robust framework for identifying gaps, creating culturally relevant resources, and testing community-driven strategies to promote healthy lifestyle choices and reduce cancer-related disparities. The iterative and collaborative nature of the project not only validated the proof of concept but also highlighted the transformative potential of centring cancer prevention and screening efforts within a First Nations paradigm. The project has empowered communities with the tools and capacity to drive sustainable health outcomes by leveraging ancestral knowledge systems, land-based philosophies, and culturally safe practices.

As this work transitions into broader operational frameworks with Alberta Health Services, the success of the Community Support Team Model underscores the value of culturally responsive, community-led initiatives in addressing complex health challenges. The learnings from this project will serve as a foundation for continued capacity building, mentorship, and collaboration across First Nations communities, ensuring that these innovative approaches remain impactful and enduring.

With the support of funders, partners, and First Nations leaders, this project has laid the groundwork for a future where cancer prevention and screening are more effective and deeply rooted in First Nations peoples' cultural and spiritual values. This is not just a health initiative—it is a testament to the strength and resilience of First Nations communities and their commitment to collective well-being for generations to come.

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Appendix

A list of all the communities, C.A.T.s, CPPs, CPLs and others who contributed to the success of this project:

Phase I:

Alberta First Nations Information Governance Centre (Alberta FNIGC)

- Bonnie Healy, Director of Operations
- Lea Bill, RN BScN, Research Engagement & Project Oversight Manager
- Tina Apsassin, Assistant Director of Operations
- Janetta Soup, Project Coordinator
- Gloria Letendre, Nurse Practitioner

Alberta Cancer Prevention Legacy Fund (ACPLF)

- Angeline Letendre, Scientific Lead
- Brenda Roland, Indigenous Community Coordinator
- Lori Meckelborg, Evaluation Lead
- Kate McBride, Research Associate
- Stephanie Patterson, Integration Lead

Alberta Health Services (AHS) – Aboriginal Health Program

- Marty Landrie, Senior Manager, Central and Edmonton Zones

Peerless Trout First Nation

- Joe Okemow, Elder
- Flora Cardinal, Elder
- Lorraine Muskwa, Health Director
- Amy Yellowknee, Community Prevention Practitioner

Maskwacîs First Nations

- Victor Bruno, Elder
- Sophie Bruno, Elder
- Bonny Graham, Director of Nursing – Community Health
- Claudia Simpson, Community Prevention Practitioner
- Martina Swampy Community Prevention Practitioner
- Randy Littlechild, Health Director

Kainai (Blood Tribe)

- Joe Spottedbull, Elder
- Dorothy Daychief, Elder
- Cecilia Blackwater, Chief Executive Officer with Blood Tribe Department of Health Inc.
- Lori Healy, Director of Nursing – Community Health
- Santanita Oka, Community Prevention Practitioner

Phase II:

Alberta First Nations Information Governance Centre (Alberta FNIGC)

- Lea Bill, RN BScN, Executive Director/Chief of Operation
- Gina Rodriguez, Project Coordinator- replaced Janetta
- Janetta Soup, Project Coordinator (left in 2022)
- Melanie Littletent, RN Nurse Researcher
- Anita Konczi, Data Capacity Development Manager/ Senior Statistical Analyst
- Lyla Witschi, Statistical Analyst
- Jeff Hunter, IT Trainer & Support Skills Enhancement
- Shannon Houle, Trainer/Facilitator Skills Enhancement
- Barbara Frazer, First Nation Evaluator
- Tammy Dupuis, Communications Coordinator

Cancer Prevention Innovation AHS

- Brenda Roland, Co-Lead
- Angeline Letendre, Co-Lead
- Colette Elko, North Zone Public Health Facilitator/ Trainer
- Segun Coker, Project Manager
- Cathy Geake, Evaluation Support/Trainer
- Afifah Oishi, Evaluation Support/Trainer

Treaty 6 - Sunchild First Nation

- Deanna Daychief, Health Director
- Stanley Lagrelle, Male Elder
- Louise Lagrelle, Female Elder
- Brenda Bigchild-Fiddler, Community Program & Partnership Liaison (CPPL)
- Doris Lagrelle Community Prevention Practitioner (CPP)

Treaty 7 - Eden Valley First Nation

- Josephine Mazonde, Health Services Manager
- Larry Daniels, Male Elder
- Lydia Daniels, Female Elder
- Theresa Dixon, Community Health Representative
- Simone Lefthand, Community Program & Partnership Liaison
- Claude Lefthand, Male Elder
- Cleo Labelle, Community Program & Partnership Liaison (CPPL)
- Terrilynn Dixon, Community Prevention Practitioner (CPP)

Treaty 8 - Bigstone Cree Nation

- Gloria Fraser, Director of Health/Overseeing FNCP project
- Andy Alook, Bigstone Chief
- John Bigstone, Male Elder
- Monica Crawford, Female Elder
- Love (Laverne) Cardinal, Community Program & Partnership Liaison
- Janae Logan, Community Program & Partnership Liaison (CPPL)
- Denise Cardinal, Community Prevention Practitioner (CPP)

Collaborative partners

- Health Canada
- First Nations Inuit Health Branch (Alberta)
- University of Alberta, Department of Nursing and School of Public Health
- Aboriginal Nurses Association of Canada (Canadian Indigenous Nurses Association)
- Indigenous Physicians Association of Canada
- AHS Research and Evaluation team
- Analytics and Performance Reporting Branch, Alberta Health (Amy Colquhoun, MSc PhD)

The Alberta First Nations
Information Governance Centre

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