

Alberta First Nations Cancer Strategy & Practice Change Implementation Initiative Final Report (AFNCI)

Report by Lea Bill,
Angeline Letendre & Barbara Frazer

Spring 2023



The Alberta First Nations
Information Governance Centre



Acknowledgments

This project has brought together many hearts and minds with sincere intentions towards bringing about change of practice within the oncology care sector for Alberta First Nations. This premise recognizes that cancer affects all nations and peoples, including families from all walks of life, as well as the health care providers who serve them.

The contributors, partners and funders of this work hold a very special place in our hearts and minds, particularly those who were living with cancer and have made their transition home to Creator during this project.

The Alberta First Nations Information Governance Centre and Project Team would like to express our heartfelt appreciation for the commitment of the following collaborators:

Knowledge Holder/Practitioners: Dorothy Day Chief (Kainai Nation), Doris and Gordon Courtoreille (Swan River First Nation), Sophie and Victor Bruno (Samson First Nation), Mary and Charles Wood (Saddle Lake First Nation), Reg and Rose Crowshoe (Piikani First Nation), Lawrence Saddleback (Saddleback First Nation), Jeanette Starlight (Tsuut'ina Nation), Gloria Wells (Kainai Nation), Lorraine Cardinal (Calling Lake/Bigstone Cree Nation), Richard Lightning (Samson First Nation), Mike Beaver (Bigstone First Nation), Alice Kaquitts (Stoney Nakoda First Nations), Annette Maurice (Beauval, SK), Rose and Richard Richardson (Green Lake, SK), Ken Hudson (Fort Smith, NWT), Tom McCallum (Île-à-la-Crosse, SK).

Youth: Jamie Courtoreille (Swan River First Nation), Jayden Bruno (Samson First Nation), Mikayla Wood (Samson First Nation), Jonathon Red Gun (Blackfoot), Cory Bruno (Samson First Nation), Darian Letendre (Horse Lake First Nation), Simone Lefthand (Eden Valley First Nation), Jackie Bruno (Samson First Nation).

Oncology Champions: Dr. Charles Butts and Dr. Gregg Nelson.

Alberta FNIGC Staff: Lea Bill (Chief Executive Officer), Barbara Frazer (Evaluator), Janetta Soup (Coordinator), Anita Konczi (Senior Analyst), Lyla Witschi (Junior Analyst), Shannon Houle, Jeff Hunter, Darren Matilpi (Kwakwaka'awkw First Nation).

Alberta Health Services: Dr. Angeline Letendre (Indigenous Community Scientist).

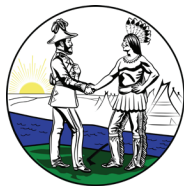
The AFNCI is the second collaborative partnership and project between Alberta First Nations (FN) and Alberta Health Services (AHS) that was funded by the Canadian Partnership Against Cancer (CPAC). The work was done by the Alberta First Nations Information Governance Centre with in kind service by Dr. Charles Butts and Dr. Gregg Nelson.

Earlier and ongoing collaborative partnerships between Alberta FN and AHS have included AHS-Cancer Care Alberta (AHS-CCA), Indigenous Services Canada/FNIHB, FN communities and Knowledge Holders/Practitioners, and the Alberta FNIGC.

Citation

Bill, L., Frazer, B. & Letendre, A. (2026) Alberta First Nations Cancer Strategy & Practice Change Implementation Initiative Final Report. Alberta First Nations Information Governance Centre

ISBN: 978-1-0688666-5-4



The Alberta First Nations
Information Governance Centre

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Executive Summary

The 'Alberta First Nations Cancer Strategy and Practice Change Implementation Initiative' is a high-level collaborative project. The Alberta First Nations Information Governance Centre, Chief Executive Officer, Lea Bill, and Alberta Health Services – Cancer Prevention and Screening Innovation, Indigenous Community Scientist, Dr. Angeline Letendre, led a Project Team that included Alberta First Nations Knowledge Holders/Practitioners and Cancer Care Oncology Champions to create a framework and resources for oncology care education and training. The training and education focused on culturally safe cancer care pathways and care for and with Indigenous cancer patients and families to support improved cancer outcomes in these populations.

Together, First Nations, Alberta First Nations Knowledge Holders/Practitioners and Oncology Care Providers participated in a process inclusive of unprecedented collaborations to inform Cancer Care of First Nations care needs required to support positive cancer care outcomes. Through these processes, improved knowledge and awareness of Alberta First Nations families and communities have been advanced by establishing and sustaining a culture of authentic relationships between Knowledge Holders/Practitioners, Oncology Champions and research partners.

Points of consideration in culturally appropriate and safe education and training emerged as:

- * First Nations culture and language convey authentic First Nations Knowledge.
- * Cultural collaborative processes can create transformation within cancer care systems.
- * Knowledge Holders/Practitioners and individuals with life experience can provide knowledge and lived data to support practice change in current cancer care programming.
- * Ethical space supports trust for knowledge exchange and healing relationships.
- * Cross-pollination of real-time wisdom and knowledge is required for culturally safe oncology care practices.

Oral knowledge transfer engenders whole-person participation along an Indigenous cancer pathway. Focused on cultural transference through oral traditions, where spoken word, narrative, and stories transmit important life histories and teachings for concepts to exist within oncology settings, each Knowledge Holder/Practitioner was committed to seeing the five-year process to its fruition. The unique cultural processes of AFNCI positioned highly respected ceremonial practitioners to elaborate on how their cultural and traditional practices are needed to support and benefit healing in First Nations' individuals and families. Knowledge Holders/Practitioners generously exercised their rightful roles as spiritual leaders with depth and consideration of meeting the aims of this project. Oral histories and ancestral knowledge systems contributed and grounded the work in a deepened understanding and learning of concepts to address gaps in current cancer care frameworks, and key concepts arose out of the discussion to support the enhancement of First Nations ways of knowing into oncology care frameworks and systems of care.

Introduction

The “Alberta First Nations Cancer Strategy & Practice Change Implementation Initiative” (AFNCI) was built upon the experiences and outcomes of the Alberta First Nations Cancer Pathways project (A First Nations and Alberta Health Services-Cancer Control partnership and project from 2013-2016). Viewed as “a stepping stone toward the required changes for a culturally appropriate and safe cancer care pathway for Alberta First Nations,” this initial work developed a culturally safe model and approach to address cancer burden and improve cancer outcomes in Alberta First Nations, resulting in a strong foundation and basis for a collective response in moving forward.

Background

The AFNCI is the second collaborative partnership and project between Alberta First Nations (FN) and Alberta Health Services (AHS) that was funded by the Canadian Partnership Against Cancer (CPAC) and supported through the Alberta First Nations Information Governance Centre (Alberta FNIGC).

Earlier and ongoing collaborative partnerships between Alberta FN and AHS have included AHS-Cancer Care Alberta (AHS-CCA), Indigenous Services Canada/FNIHB, FN communities and Knowledge Holders/Practitioners, and the Alberta FNIGC.

Together, these partners have worked toward improvements in three primary areas:

1. Development of a First Nations cancer strategy
2. Implementation of practice change
3. Sustainability of outcomes

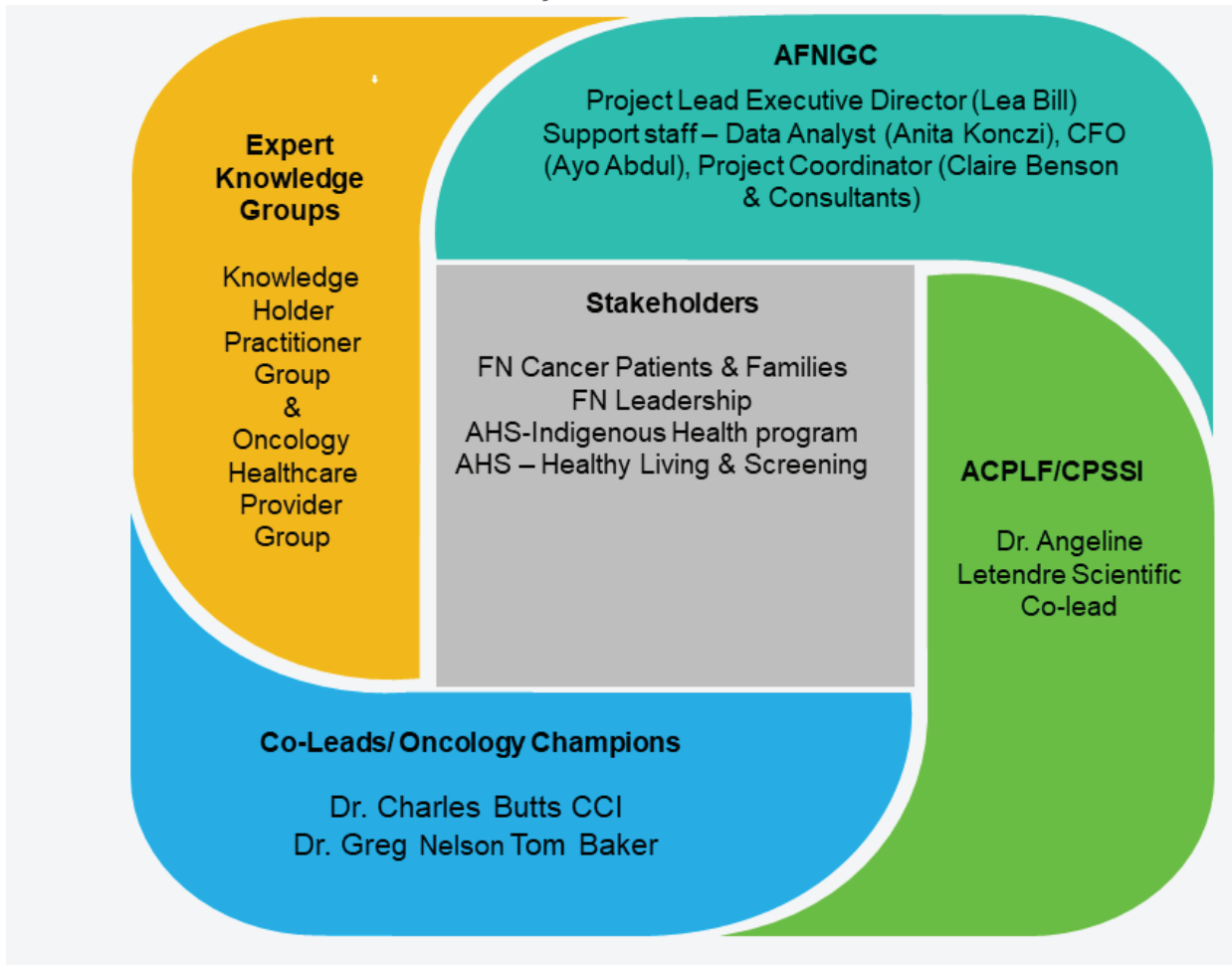
The CPAC-First Nation Inuit Métis Program and the National Cancer Strategy work from the premise that all outcomes are responsive to First Nation, Inuit and Métis (FNIM) community needs and priorities. AFNCI's focus areas are in alignment with the FNIM Program in working to improve AHS-CCA organizational standards for "patient-centred" and "high-quality" care.

Utilizing their fluency of language and spirituality, each Knowledge Holder/Practitioner made contributions from their attained direct life knowledge and experiences, and application of ceremony; thus, shifting the project toward a framework of health and healing for FN cancer patients and their families. In this way, the AFNCI plan expanded on current health systems' knowledge of culturally appropriate and safe care for FN cancer patients, families, and communities, and aided Knowledge Holders/Practitioners in fulfilling their commitments to the work.

First Nations' collaborative processes were essential for intact, ancestral knowledge to be applied for working in unison towards transforming future and current systems, including health systems. This initiative utilized spiritual understandings of human and nature-based knowledge with Indigenous language positioning stories within a high-level process of living narratives containing a wealth of knowledge regarding health and healing for FN people. This 'storied process' required great sensitivity and respect, where deep commitment to circle processes and ethical space are upheld. The established circle became the container where knowledge, healing and process were managed according to the pace and volition of participants, information and connections with spirit.

Project Structure & Governance

AFNCI Project Governance Model



Continuity is a critical factor in building a strong foundation and basis for a collective response in moving forward. Project co-management-initiated Knowledge Holder/Practitioner involvement in the development and planning of this initiative. It was Knowledge Holders, along with co-leads of Alberta FNIGC and AHS, who invited the Oncology Champions to be key participants in the project. Project structure strictly adhered to FN philosophies of collaboration, where respect underpins all interactions. Open communication was established between all partners to support collaboration throughout all phases. The 'AFNCI Project Governance Model' graphic above (Figure 1) illustrates the community-based approach followed throughout this project and identifies participating organizations, as well as the roles and responsibilities of each collaborating partner. Moreover, the project governance model demonstrates the levels of kinship created by working relationships and the connections and interconnections established within the groups to support the dynamic processes of collaboration.

Project Purpose & Goals

The purpose of the project was to support improved FN cancer experiences and outcomes. Through initiative efforts, requirements of a First Nations seamless cancer pathway were identified from within “People-specific” contexts. CPAC Priority 7¹: People-specific, self-determined cancer care was identified from within the following contexts:

1. A community-based approach applied in the form of a collaborative process, where Knowledge Holders/Practitioners are full partners.
2. Knowledge housed in language informs the thematic cultural safety outline and language-based experiential learning to accompany face-to-face learning.
3. Cultural transference protocols are carried out in a facilitated format to allow spirituality of language to take the dialogue to different levels of understanding.
4. Grandparent roles and responsibilities align naturally within oral traditions to preserve knowledge systems for the generations to come.
5. Indigenous knowledge systems provide sites of transformation and adaptability to implement practice change in a compassionate way.
6. Partner support for the implementation of First Nations, Inuit and Métis self-determined cancer strategies and priorities.
7. Facilitated knowledge mobilization among Indigenous partners.
8. First Nations, Inuit and Métis perspectives across all Partnership work in cancer control.

The main goals of this five-year project included:

1. To address priority areas along the cancer pathway that have been identified by Alberta FN with particular focus on practice changes that will lead to health system improvements in support of FN patients, families and communities, and
2. To improve health systems’ capacity in addressing the cancer pathway needs of FN patients, families and communities, inclusive of prevention and screening, and situated in the development of a First Nations cancer strategy and sustainability plan.

Further, a main underlying goal of this work was to understand how Indigenous medicines and healing practices and oncology care services can complement one another to best support FN cancer patients and their families.

PROJECT OUTCOMES & OUTPUTS

Anticipated outcomes/outputs for the project included:

- * Knowledge Holder/Practitioner thematic engagements.
- * Dialogue Session ‘Brokered Dialogue’ videos vetted through engagement processes.
- * A Collaborative Partnership Framework.
- * A Knowledge Mobilization Plan, including FN principles of knowledge transfer and exchange.
- * Increased knowledge and understanding of FN cancer care/health and healing needs by oncology care providers.
- * Raised awareness and improved screening pathways for Alberta FN, including revised screening resources.
- * An Indigenous Evaluation Plan grounded in Indigenous knowledge and understanding.

Outcomes from this project were anticipated to provide contributions to an Alberta-wide Indigenous Cancer Strategy and Indigenous Cancer Strategy Sustainability Plan.

¹ CPAC 2022-2027 Business Plan, Priority 7 identifies People-specific, self-determined cancer care. Available online: Cancer Strategy – Canadian Partnership Against Cancer

Project Scope

This work built upon the foundations of previous initiatives and ongoing work within Alberta to create and implement new/improved standards of care in oncology with/for FN. Focused on the capacity building of communities, these projects have documented and identified perspectives of FN priorities, needs and knowledge-based solutions for improved cancer outcomes. Concurrently, the AFNCI scope of work supported corresponding work within AHS systems and the expansion of culturally appropriate and safe FN cancer pathways through building the capacities of cancer care and oncology care providers.

The AFNCI accomplished the work and expansion through dialogue between FN Knowledge Holders/Practitioners and Oncology Care Providers. Additionally, the project team worked to build the capacity of FN Knowledge Holders/Practitioners through increased knowledge of cancer care and oncology care providers. This work was further aligned to facilitate the sustainability of project outcomes and key outputs/deliverables, including:

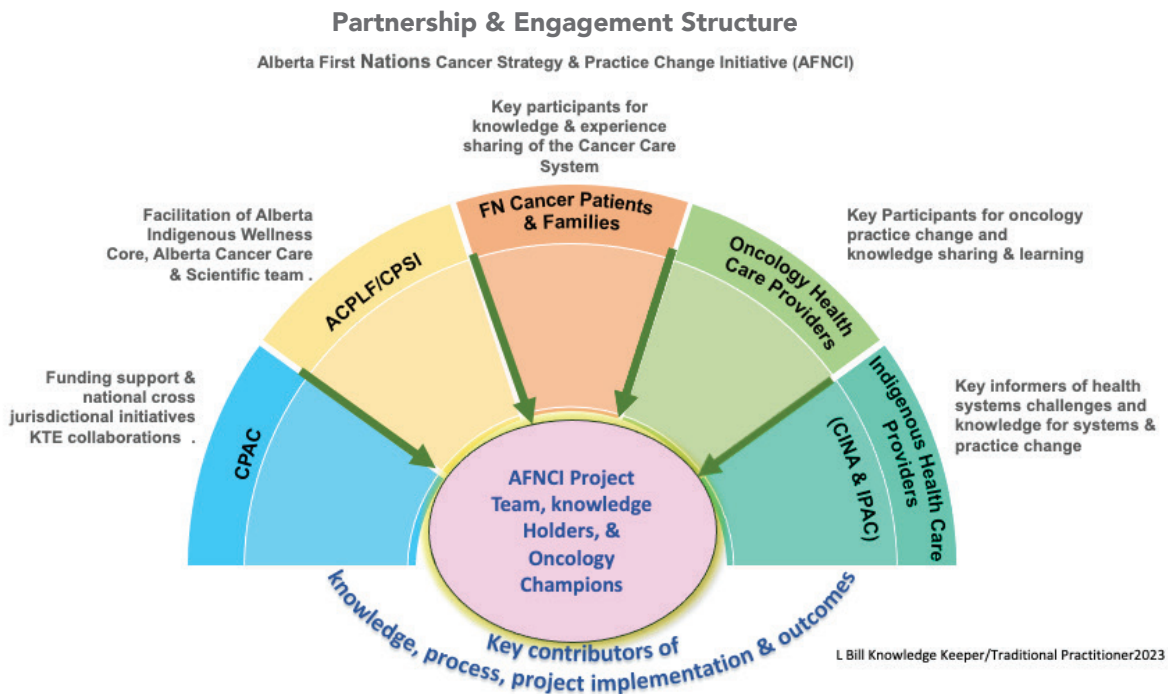
- * A Collaborative Partnership Framework
- * A Knowledge Mobilization Plan
- * Oncology Care Provider Education and Training

As an important component of a sustainable cancer strategy, the AFNCI also proposed to explore the data needs of both FN and AHS-Cancer Care necessary for strategic planning. However, alongside two additionally funded Alberta partner initiatives (Alberta Health Services and Métis Nation Alberta), the development of an Alberta-wide Indigenous cancer strategy was led by AHS-Cancer Care. Métis Nation Alberta and AFNCI supported AHS by participating in an Indigenous community advisory for the development of the cancer strategy. Alberta FNIGC and AFNCI, specifically, supported AHS-Cancer Care by providing expertise regarding FN/Indigenous data and information on the following data-related issues:

- * Bridging data systems
- * Costs to access and use data
- * Legal requirements for access and protection of FN data and information
- * Data sharing agreements

Partnership & Engagement Model

Alberta FNIGC was responsible for project finances and administration via organizational accounting and the recruitment of a Project Coordinator and Consultants. Stakeholders of the AFNCI include the Canadian Partnership Against Cancer, Alberta First Nations leadership, organizations and researchers, First Nations cancer patients and families, First Nations Knowledge Holders/Practitioners, and Alberta Health Services, including Cancer Prevention and Screening Innovation (Formerly the Alberta Cancer Prevention Legacy Fund), Cancer Care Alberta, the Indigenous Health Program, and Screening Programs.



A high-level collaborative project process illustrates the established partnerships between Alberta FN and AHS, CPAC, and contributors from multiple streams of knowledge and experience for the advancement of FNIM cancer priorities and to ensure health systems have appropriate knowledge to support equitable service delivery and care.

The collaborative approach of multi-jurisdictional partners complemented the work of AFNCI by providing important information and knowledge to identify a seamless patient experience, inclusive of FN perspectives and needs.

PROJECT TEAM CO-LEADS

The project lead organization for this initiative was the Alberta First Nations Information Governance Centre (Alberta FNICG). Collaborative partners included Alberta Health Services – Cancer Prevention and Screening Innovations (CPSI) and AHS - Cancer Care Alberta (CCA). The Project Team included four co-leads, as well as a Knowledge Holder/Practitioners Group and project support provided by a Coordinator. Project co-leads included Alberta FNICG: Lea Bill; AHS - CPSI: Angeline Letendre; AHS-CCA Oncology Champions: Charles Butts and Gregg Nelson.

Project co-leads were responsible for the following:

- * Collaboration with The Partnership
- * Decision-making regarding science and implementation
- * Project milestones and deliverables
- * Project evaluation
- * Project outcomes and outputs

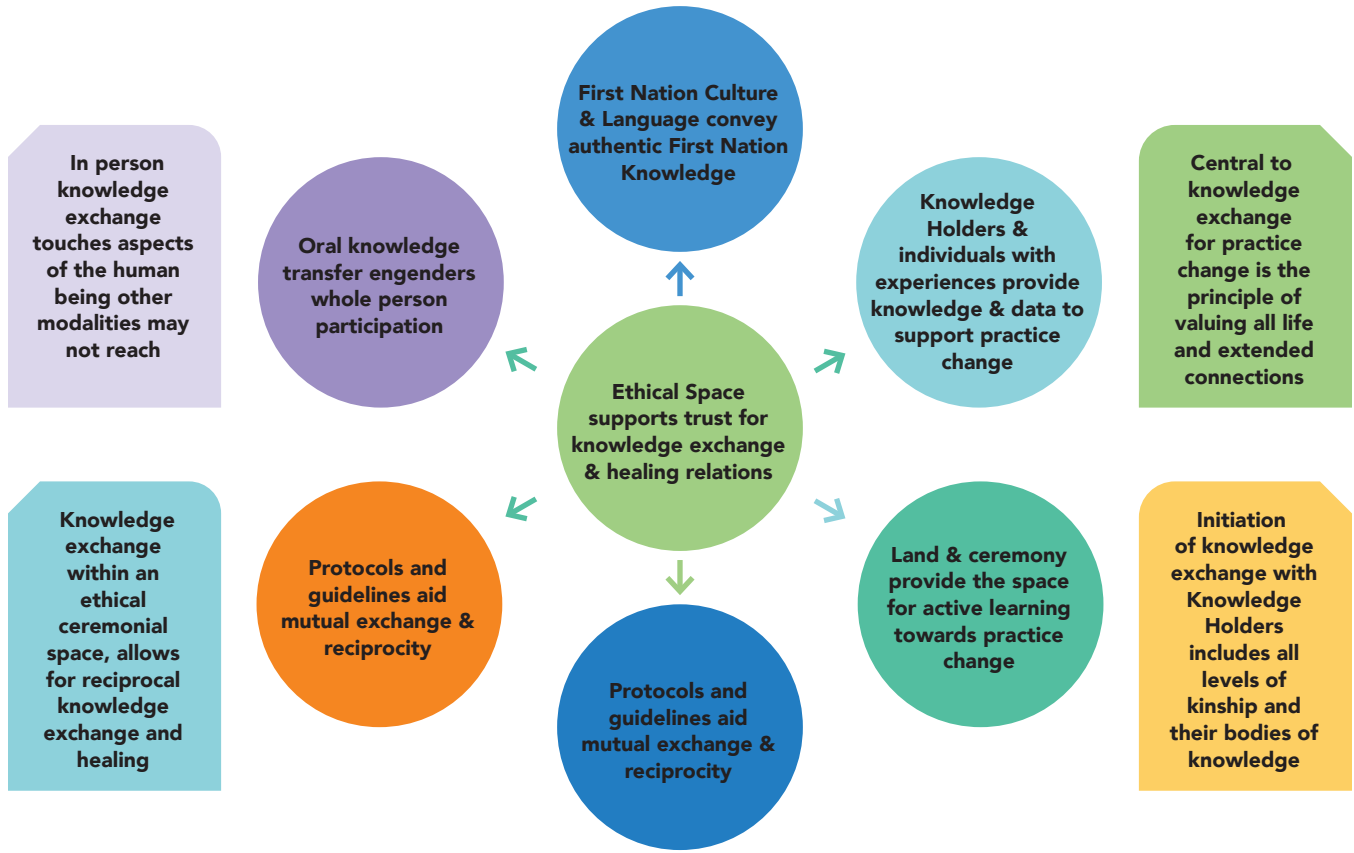
KNOWLEDGE HOLDER/PRACTITIONER ROLES AND GUIDANCE

The AFNCI, as a collaborative partnership project, comprised of a core team of Knowledge Holders/Practitioners from the different Treaty regions across Alberta and Knowledge holders possessing direct experience with cancer. These grandmothers and grandfathers are honoured cultural and spiritual leaders within their communities. Each has observed, participated in, and led many cultural collaborative processes within their lifetime. Being reared within these specific social cohesive processes and assisted in many kinds of collaborative processes, they are at ease within the collective and collaborative processes. Furthermore, they are keenly aware of their personal responsibility within these cultural knowledge processes, supporting the concept of the whole health and wellbeing of the family and community as central to their knowledge base and input. Truth was essential as they identified the gaps created by intolerance and racism within healthcare settings. Adept at speaking their truth, their stories were forthright and conveyed authentic knowledge.

Cultural knowledge transference (the sharing of Indigenous and cultural knowledge – KTE) is a collective activity. Together, the Knowledge Holders/Practitioners add layer upon layer, as their oral histories contain knowledge to create a rich living knowledge base from which to implement and align practice changes. These collaborative processes helped to establish the aims and aspirations that informed this initiative. The Knowledge holders committed wholeheartedly to the life of the project, always selflessly gifting time and energy to the circle, in their capacity as key partners with a focus on improving cancer pathways and outcomes for FN patients and families. Trust and kinship naturally formed among the group, as the Knowledge Holders brought a strong family approach to the project. Each Knowledge Holder/Practitioner spoke of the gaps existing within oncology and provided a platform for knowledge exchange. The diagram below is provided to demonstrate the decision-making processes of ‘group-mindedness’ to collaboratively organize around any issue in a dialogic cultural way, which can be understood as embedded within their collective cultural collaborative processes.

The high-level discussions among the Knowledge Holders/Practitioners are the customary way of ‘coming to know’ and ‘being as a collective and community.’ Any issue affecting the community is attended to through the engagement of mind, body and spirit. These collaborative processes are embedded within the ethos of community as illustrated in the following graphic.

Practice Change Implementation: First Nation Knowledge Holder Transformative Processes for KTE



Lea Bill, Knowledge Keeper/
Traditional Practitioner July 2023

Project Methodology & Cultural Approach

AFNCI work, activities and outcomes reflect a direct application and use of FN cultural collaborative processes. A natural methodology accompanies time-honoured collaborative processes, supported by ceremonial practices. This cultural approach elicits specific knowledge, wisdom and ways of doing for practice change. The approach is thereby informed by cultural knowledge and processes.

PHENOMENOLOGY METHODOLOGY: A CULTURAL PREMISE

First Nation verb-based languages provide the means to capture authentic culturally based practice change. AFNCI applied a science methodology underpinned by phenomenology. This approach values the perspective of the lived experience and cultural practices of each Knowledge Holder/Practitioner as expressed within their language. Each thematic engagement session created a conceptual place where storied experiences provided invaluable insight and contribution to the critical dialogic process. In a unified approach, speakers took turns to layer critical reflection, analyze and communicate concepts, attitudes and lived practice, for the purpose of creating a shared perspective on how to improve cancer outcomes. At its root, this methodology is about inquiry of the self, of how one has been affected or impacted. Phenomenology offers a bridge where narratives and language connect the way each story is a vessel as it relates a piece of information obtained from the whole being (mind, body, feeling and spirit) to position a social response. This methodology correlates the transfer of knowledge through orality and language, as Indigenous knowledge is housed within culture and Indigenous language. Therefore, language is a central methodological tool to construct and guide the examination of the actions required to develop an understanding amongst the group. Verb-based Indigenous languages thus shape or inform the action that will impact the family and community. The utilization of Cree terminology offered a community approach that is understood by the group to socially organize around an issue or challenge. Knowledge Holders/Practitioners each acknowledge and are keenly aware that they are responding from within a living process or a living methodology.

This final report and evaluation used the phenomenology methodology to connect the multitude of lived experiences and work within their commonality. The Cree terminology 'Asapâp (meaning thread or the action of connecting)' is a methodological action where symbolically and metaphorically the idea of thread as the connective tool of social functions is required to support change. The analogy of a thread pulls together a value system which houses built-in best practices existing within the language. Each narrative, teaching or understanding presented by the Knowledge Holders/Practitioners represents a larger story of values to support the shift of practice change. As well, thread is analogous to an implementation process, where all components integrate and merge the knowledge gathered. Asapâp (meaning thread or the action of connecting) helps to frame knowledgeable decisions to build an inclusive and compassionate foundation required to support cultural pathways throughout the cancer journey. Each person involved plays a necessary role, as they are a part of the living thread in creating change.

First Nations Principles of OCAP®

OCAP® asserts that FN alone have control over data collection processes in their communities, and that they own and control how information can be stored, interpreted, used or shared. OCAP® (Ownership, Control, Access, Possession) is a set of principles that encompasses FN practices and values regarding applying ancestral ways and sharing of knowledge systems. AFNCI was supported by OCAP®, and all engagements and data collected were for the benefit of FN families and communities, respectful of their protocols and practices.

Alberta FN leadership passed the OCAP® Resolution 03-03-2010-03R during the Assembly of Treaty Chiefs (AoTC) on March 30th, 2010, to promote, protect and advance FN principles of OCAP®, FN inherent rights to self-determination and jurisdiction over research and information management.

DATA MANAGEMENT AND COLLECTION

The oral tradition is a highly sacred process and the mechanism by which knowledge is transferred. The guiding principle and value of how data is collected and treated within the AFNIGC is respect.

Table 1: First Nations Principles of OCAP®

Ownership.	A community or group owns information collectively in the same way that an individual owns their personal information. It is distinct from stewardship [or possession].
Control.	First Nations Peoples, their communities and representative bodies are within their rights in seeking to control all aspects of research and information management processes which impact them.
Access.	First Nations people must have access to information and data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding access to their collective information.
Possession.	Possession (of data) is a mechanism by which ownership can be asserted and protected.

Abbreviated from OCAP®: Ownership, Control, Access and Possession. 2007. National Aboriginal Health Organization.

CONFIDENTIALITY

Engagement or dialogue processes, validated as best practices by the Project Leads and Knowledge Holder/Practitioner Group, followed FN practices and protocols, including smudging, prayer, drum and song. Respect, as the cornerstone of any collaborative process, underlaid the standard for prior and informed consent. This included a verbal overview of the ongoing work in English and often in the Cree language as well. These project overviews (PowerPoint presentations and roundtable dialogues) began with the following information:

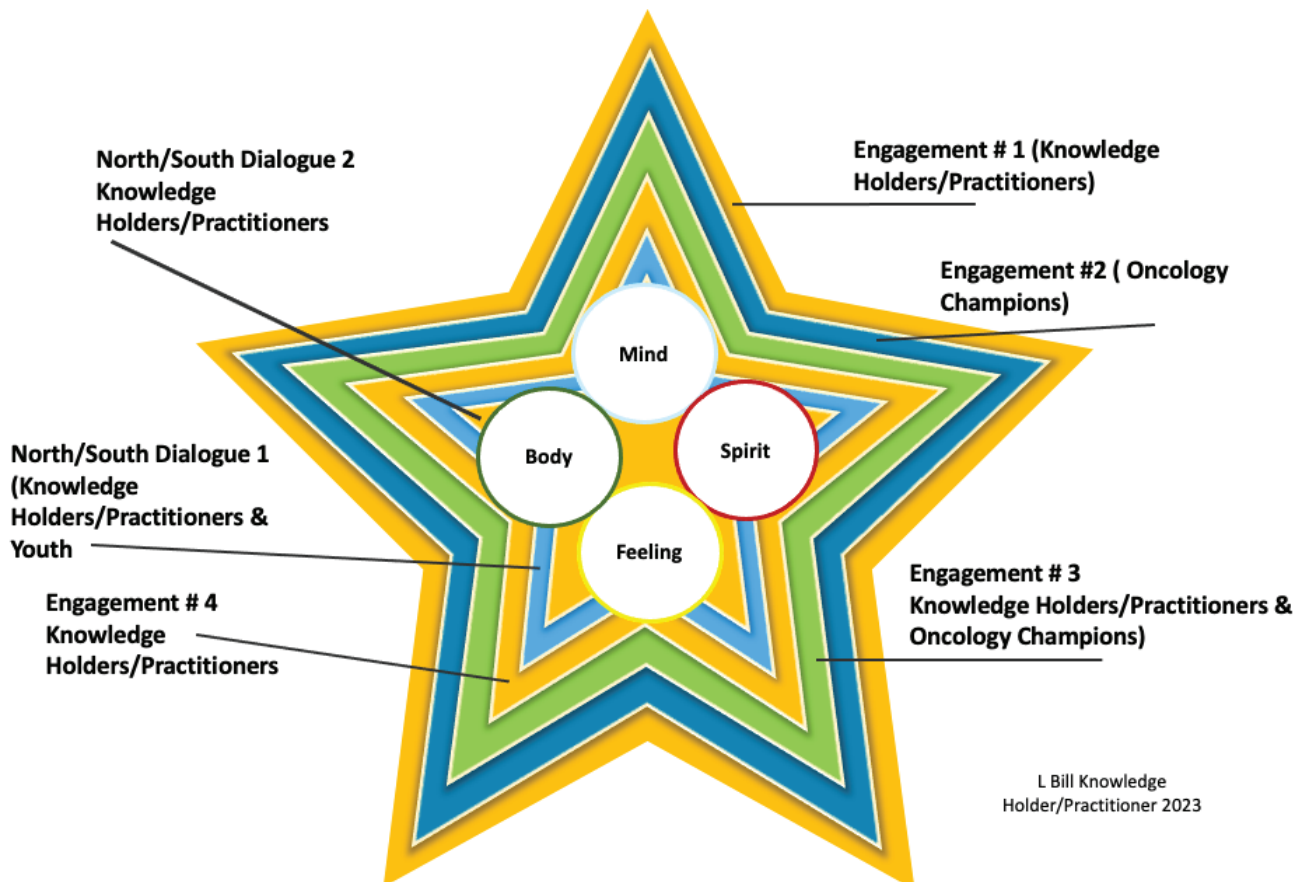
- * Informed consent
- * Data management
- * Confidentiality

Activities and Milestones

Together with stakeholders from each treaty area, Alberta First Nations Cancer Initiative activities and milestones were designed to accomplish the work needed to address the two primary areas of the project: **1)** To address priority areas along the cancer pathway that have been identified by Alberta FN, with particular focus on practice changes that will lead to health system improvements in support of FN patients, families and communities, and **2)** To improve health systems' capacity in addressing the cancer pathway needs of FN patients, families and communities, inclusive of prevention and screening, and situated in the development of a FN/Indigenous cancer strategy and sustainability plan.

AFNCI– Dialogue Sessions and Community Engagements:

AFNCI Dialogue Sessions & Community Engagements



AFNCI milestones were created to achieve the main goals of the project:

1. Development of a First Nations cancer strategy,
2. Implementation of practice change, and
3. Sustainability of outcomes.

To meet milestones, a high-level delivery workplan was developed and updated quarterly as the needs of the project, communities, or the work environment changed. For example, the pandemic necessitated that in-person dialogues be delayed or revised to a hybrid format, inclusive of Indigenous Project Co-Leads and a limited number of Knowledge Holder/Practitioners meeting in-person while others participated virtually. This approach worked well, enabling the Project Team to follow protocol, including the offering of tobacco to those Knowledge Holders/Practitioners who were present, and beginning the dialogue sessions with prayer.

AFNCI activities were developed to meet the specific deliverables of the project. AFNCI engagement activities and milestones, as shown above, outline how activities carried out by the AFNCI achieved the milestones that were foundational to project outputs, including:

1. A Collaborative Partnership Framework,
2. A Knowledge Mobilization Plan, and
3. Oncology Care Provider Education and Training.

Moreover, strategies were required to support desired AFNCI outcomes:

1. Improved access to and use of cancer data,
2. Increased access and participation in cancer screening,
3. FN increased knowledge and awareness of cancer and cancer prevention, and
4. Availability of collaborative processes and mechanisms in cancer care services and delivery.

ENGAGEMENT AS A STRATEGY

Successful engagement activities required strong project management and coordination, including the identification of a clear purpose and objectives, specified processes and intended outcomes. As the primary strategy to underlay and support project outcomes, engagement would lead to multiple sets of strategies, some occurring simultaneously to correspond with meeting project objectives and deliverables, such as the evaluation plan. These strategies, grounded in dynamic community-based processes, unfolded as the engagement activities shown above were undertaken. They included:

- * Cultural collaborative processes established and maintained trusting relationships among project participants.
- * Engagement processes enabled the exchange of experiential stories exposing high-level changes and adaptations needed in cancer care to improve quality of care, patient and care provider experiences and system efficiencies regarding FN cancer pathways and care.
- * FN languages and narratives formed the basis to improve practice and communication between health systems providing care to FN patients and families.
- * Knowledge Holders/Practitioners and Oncology Champions were paired to envision a foundation required to implement practice change to support culturally safe pathways for FN patients and families.
- * FN practices and protocols supported the creation of ethical space² to safely share different worldviews and to learn from each other.
- * Key cultural leaders and ceremonialists identified a unique oncology Cultural Safety outline to be piloted through an Alberta FNIGC learning management system.
- * A directive from Knowledge Holder/Practitioners to involve youth in AFNCI activities supported the acknowledgement of inter-generational FN people, including those who have passed from cancer.
- * Transformative learning took place at multiple levels between FN Knowledge Holder/Practitioners and Oncology Care Providers.

² (* The Ethical Space of Engagement. Willie Ermine. Indigenous Law Journal. (2007) 6 Indigenous L.J. 193 - 203. (C) 2007 University of Toronto Faculty of Law.)

Key Deliverables

Key deliverables of the AFNCI project included:

1. A Collaborative Partnership Framework,
2. A Knowledge Mobilization Plan,
3. Oncology Care Provider Education and Training, and
4. An Indigenous Evaluation Plan. This section of the report provides detailed descriptions of each deliverable.

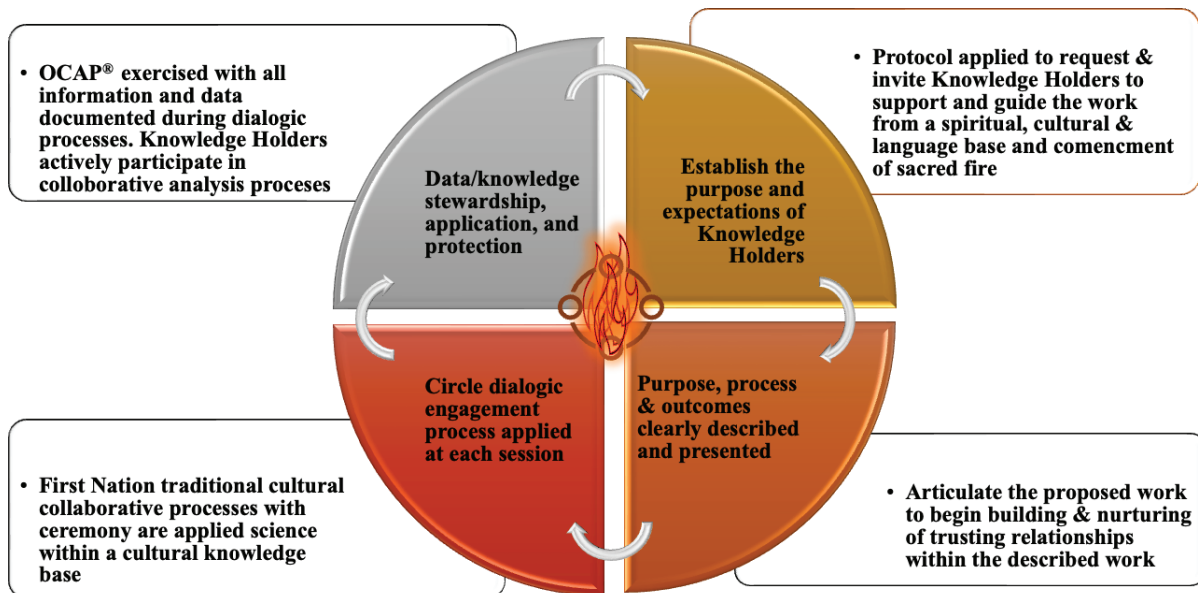
COLLABORATIVE PARTNERSHIP FRAMEWORK

At its core, collaboration is essential for Indigenous communities to envision pathways that reflect and align with their worldviews. Couched in relationships, Indigenous ways of being and doing at its core is a sustainable process that may be viewed as a necessary element for co-existence between people, animals, land and the spirit world. Albeit this is really a simplistic articulation of how relationality is fundamental to ancestral ways, it can be used to understand the sense of 'naturalness' and 'familiarity' many FN and other Indigenous Peoples display towards one another. It is from within this space that the AFNCI 'Collaborative Partnership Framework' was realized.

Essential to the framework was/is the placement and rightful role of FN Knowledge Holders/Practitioners to provide the guidance and directives regarding FN communities. This is not only because these individuals possess lived knowledge of their histories and the trauma experienced by communities along with the consequences or impacts on FN individuals, families and communities, but also because Knowledge Holders/Practitioners have knowledge of their worldviews, practices and protocols, and health and healing practices which represent critical underpinnings to/for FN-driven solutions. Therefore, the strategy to engage FN Knowledge Holders/Practitioners to receive their guidance and direction emerged as a key piece in the design of a Collaborative Partnership Framework with the potential to support and implement system and practice changes.

As a foundational strategy to improve FN cancer pathways, the framework provides a vehicle to implement system and practice change, in addition to providing a mechanism that will support sustainability. Collaborative partnerships with the capability to establish and maintain authentic relationships based on trust are inclusive of dialogue that needs to be recognized as an essential and powerful tool for supporting systems and practice change. For instance, a successful framework will create and support the space to build trust and develop the authentic relationships required for FN cancer patients to access cancer care. Project visuals, including the "Partnership Engagement Structure" diagram seen below and the "Practice Change Implementation: First Nation Knowledge Holder Transformative Processes for KTE" (P. 11), reflect the diversity of the partnerships established to achieve project goals and illustrate how the work was supported by the cultural processes of FN Knowledge Holders/Practitioners. Together, these may be viewed as key components of a Collaborative Partnership Framework.

Knowledge Holder Cultural Collaborative Process for Applied Science & Phenomenological Research



Lea Bill Knowledge Holder/Keeper Traditional Practitioner 2023

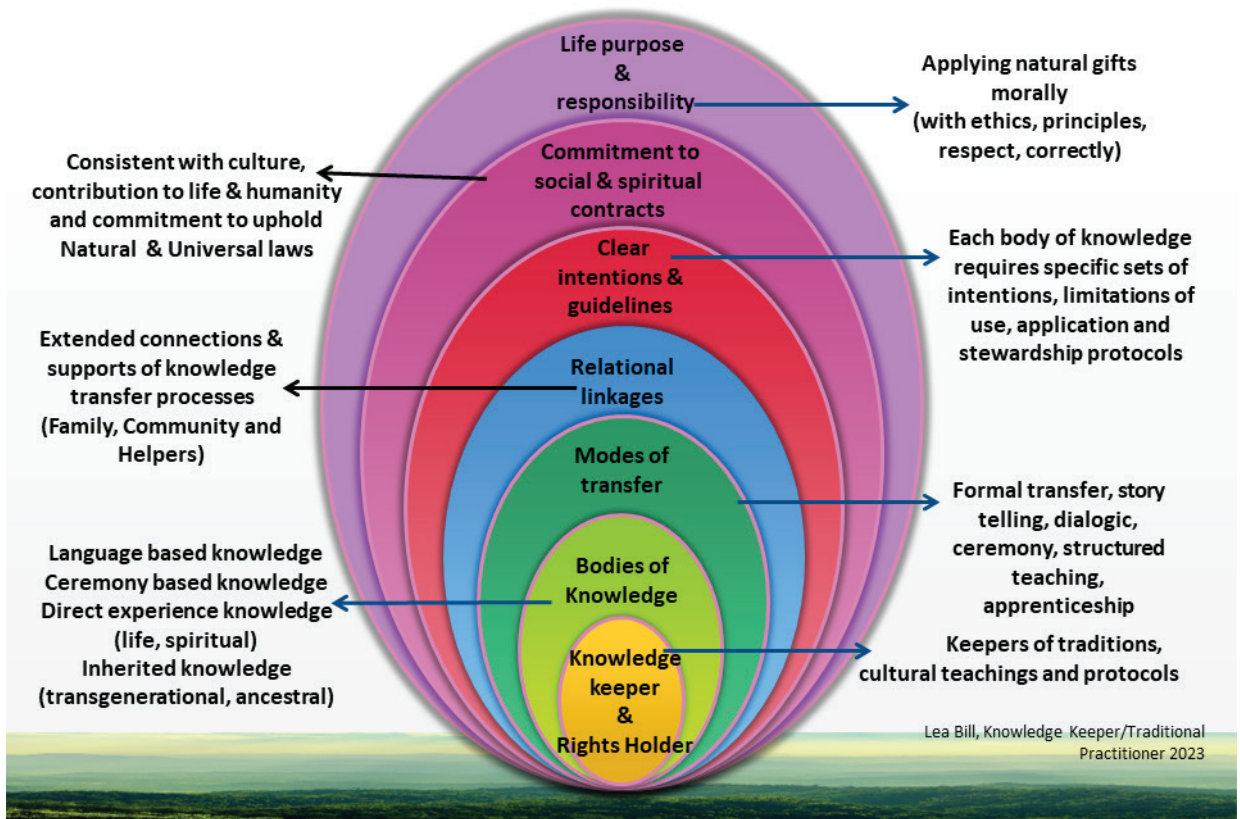
KNOWLEDGE MOBILIZATION PLAN

Cultural transference is a collective activity and outcome of partnership collaborations grounded in community-based processes. Likewise, cultural transference is fundamental to the aims of knowledge mobilization within FN populations. Similarly, the transfer or sharing of knowledge and information from within the context of FN needs and priorities is critical to improving FN cancer pathways and outcomes. As a main goal and outcome of the AFNCI, a FN Knowledge Mobilization Plan is considered essential to implementing and sustaining the cancer care system and practice change.

FN Knowledge Holders/Practitioners exercise shared responsibility as the keepers and practitioners of community-based decision-making instruments, which affirms that the solutions to challenges already exist within the community. This may be referred to as a tenet or philosophy of many Indigenous Peoples and represents the spirit and intent of the AFNCI Knowledge Mobilization Plan.

AFNCI project leads, as Indigenous researchers, embarked on the work of the project possessing prior knowledge and understanding of cultural collaborative processes as living processes embedded within FN customs and oral traditions. Knowledge Holders/Practitioners, as well as other project participants, each contributed to the activity of knowledge transfer and exchange (knowledge mobilization) by sharing their experiences and identifying priority areas that require change. As a vehicle for knowledge transfer and exchange during the AFNCI, methods of story and narrative were used to support collaborative partner dialogue session outcomes. Further, this culturally based method of knowledge transfer worked to create an environment where practice change implementation could be collectively actualized. This traditional process initiated a transformative and iterative process within cancer care and the enhancement of cancer care provider knowledge and understanding of FN priorities, challenges and needs. The following diagram captures the collective process of the community-based approach used to transfer and share knowledge in the support of system and practice change.

First Nation Spiritual & Cultural Based Knowledge Transfer Framework



ONCOLOGY CARE PROVIDER EDUCATION AND TRAINING (PRACTICE CHANGE IMPLEMENTATION)

Creating culturally safe environments, such as Indigenous spaces within health facilities to enable community gathering and ceremony to occur, requires engagement and input from Indigenous communities. For example, to welcome Indigenous people in accessing a newly built tertiary cancer facility in Calgary, Alberta, a ceremonial opening was planned and carried out by FN and Métis communities residing in that region. Representing practice change that was supported from within the cancer care system, these important events were made possible through collaborative engagement processes between cancer care and FN/Métis Knowledge Holders/Practitioners.

To support a change management approach (practice change implementation) to improve the cancer pathways and experiences of FN patients and families, AFNCI focused on the knowledge and awareness of oncology care providers regarding FN community priorities, practices and people. This entailed a series of dialogue sessions with cancer care experts, including AFNCI Oncology Champions, as well as FN Knowledge Holders/Practitioners and FN healthcare providers (See the AFNCI Dialogue Sessions and Community Engagements section).

Dialogue with oncology care providers also included presentations through Grand Rounds held within AHS-Cancer Care and the Koopmans Speaker Series hosted by the University of Calgary. FN healthcare providers were also engaged through presentations to community health managers belonging to a First Nations Health Committee overseen by Alberta Health and presentations at Treaty region health forums. Conceptualized as key components of the AFNCI Knowledge Mobilization Plan, these dialogue sessions or engagement activities provided a basis for the development of FN-specific resources to support oncology care provider education and training.

LEARNING RESOURCES TO SUPPORT PRACTICE CHANGE IMPLEMENTATION

Midway through the initiative, the COVID-19 pandemic presented significant challenges, which required the Project Team to institute creative solutions for modified programming. Another external challenge impacting Oncology Champions was the delay in the installation of the AHS Connect-Care system. This obligation demanded full system-wide learning of this in-house application, with no room for implementing practice change initiatives.

To address these challenges, the Alberta FNIGC Learning Management System (LMS) provided a mechanism for key components of oncology care provider education to be offered as part of an accredited training program. This technology provided a sound solution for piloting oncology care provider Cultural Safety training to shift from 'in-person' learning to an online platform. Extensive research has shown that this type of interactive learning platform has several benefits. Cost-effective, the LMS can provide secure access to education and training. An additional benefit of the Alberta FNIGC Moodle LMS is the potential for customized online training to meet the specialized informational and educational needs of specific populations or groups, including FN residing in remote and isolated communities, as well as the healthcare sector. This will make possible opportunities to engage oncology care providers in eLearning experiences and professional development activities. Developing oncology care education and training requires resources or mechanisms for sharing knowledge and information about the cancer care needs of FN patients, families and communities. During the North/South Dialogue Sessions, critical to the development of oncology care provider education and training, cultural learning resources were vetted by participants. The resources included a series of vignettes or short videos created through interviewing Indigenous cancer survivors. The vignettes served to identify gaps in care and highlight a range of cultural pathways that were accessed along the individual's healing journey. These testimonials then initiated discussions among the Knowledge Holders/Practitioners and youth, who added their storied experiences. Viewed as powerful tools because of their ability to spark deep discussions, the vignettes were determined to be suitable teaching tools for oncology care provider education and training, and for improving cancer and cancer care knowledge and awareness among FN communities. For example, Knowledge Holders/Practitioners spoke about the videos as an important tool for using oral modes of communication within a holistic frame of 'best-messaging.' What came through the videos, which was then further articulated by dialogue about the videos, was a total or complete realignment of the ways in which FN people may approach a cancer diagnosis from within culturally based perspectives, beliefs and practices. Accordingly, the vignettes were identified as a culturally safe resource possessing the quality to promote critical thinking and the capacity to be change agents in training for oncology care providers, as well as education for FN communities.

Forming a basis for oncology care provider education and training, the vignettes demonstrated that people experiencing a cancer diagnosis and traversing the cancer care system are indeed the experts of what and how cancer care providers can support patients and families. Resonating with the Project Team, dialogue sessions with FN Knowledge Holders/Practitioners and Oncology Champions were then able to reflect upon specific required changes for improved FN cancer outcomes and experience. These reflections then provided a foundation for the development of oncology care provider training and education. Practice Change Implementation of the AFNCI would include two strategies for oncology care provider education and training, outlined in the next section on 'Practice Change Implementation Strategies.'

Practice Change Implementation Strategies

Once AFNCI carried out activities that produced resources to support oncology care provider education and training (FN Knowledge Holders/Practitioners vignettes and Dialogue Session outcomes), AFNCI Project Team leads had sufficient evidence to develop the two components of oncology care provider training. First, cultural safety education modules were developed with a plan to make these available on Alberta FNICG's Learning Management System. Second, training for oncology care providers in the form of facilitated in-person dialogue sessions with FN Knowledge Holders/Practitioners would be planned with AHS-Cancer Care to take place at care facilities and/or within FN communities. It should be noted that the required planning with AHS and Cancer Care is ongoing to support the piloting of both the education modules and the in-person dialogue sessions. To develop the 'cultural safety' education modules, learning objectives were established with an aim to support 'readiness' for practice change. This would be achieved by providing specific information on the histories of FN people, including negative impacts from colonization, but also, knowledge about the resilience of FN people as evidenced by the national and nation-wide movement toward the revitalization of FN land, language and culture. From within these perspectives, cultural learning objectives were created with the goal to educate toward improved knowledge and awareness of FN people in the Alberta region, as well as to help trainees gain a better understanding of the culturally specific pathways that may be used by FN people who have received a cancer diagnosis (e.g., ceremonial practices, traditional healers, herbal medicines). The following are the objectives to be met through education modules for cultural safety:

- * FN worldviews and language continue to inform the healing pathways of FN people.
- * Ceremony at the request of the patient is to be included in FN cancer care pathways.
- * Protocols position the cultural collaborative processes.
- * Utilize language and oral tradition through stories and narratives.
- * Multiple levels of traditional healing ways exist.
- * Family as Medicine.
- * Standardization of culturally based treatment to be realized.

The AFNCI collaborative approach toward practice change implementation has resulted in the development of education and training resources and tools with the potential to support practice change implementation within cancer care. The education and training have been shown to be informed through a series of information gathering activities, including dialogue sessions with FN people experiencing cancer, FN Knowledge Holder/Practitioners and Oncology Champions, as well as many community healthcare and oncology care providers. These outcomes support practice change implementation at a system's level, by providing the necessary evidence to impact the ways in which oncology care providers approach care for FN patients and families, which will lead to improved FN cancer pathways and outcomes. It is this vision for a cancer care system with the capacity and ability to meet the priority area needs of FN people that was created through the AFNCI, including Project Team, FN Knowledge Holders/Practitioners and Oncology Champions' aspirations for change in practice.

Critical to realizing the value and potential of the AFNCI are the development of a Collaborative Partnership Framework, an Indigenous Knowledge Mobilization Plan and Oncology Care Provider Education and Training. This can best be achieved through the development and implementation of an Indigenous Evaluation Framework.

INDIGENOUS EVALUATION PLAN

The AFNCI Indigenous Evaluation Plan was viewed as a living process with the capacity to build on past work. This included the CPAC-funded FN Cancer Pathways project (FY: 2013-2016), as well as several other initiatives focused on the cancer prevention and cancer care needs of FN people. This led to much of the evaluation data being collected through oral means. As such, dialogue session transcripts were reviewed by the Project Team to share outcomes from each gathering during the following gathering and support participant sharing to continue to build upon their stories and narratives. Stated several times throughout this report, the value of these culturally based practices has exceeded what may be produced by utilizing Western methods of research and evaluation. This was evidenced in the articulation of FN/Indigenous collaborative partnership processes, knowledge mobilization and in the evaluation outcomes.

AFNCI evaluation helped to articulate and further establish the following regarding FN cancer care:

- * A baseline understanding of current-state knowledge levels across health systems about FN priorities and needs in relation to cancer prevention and cancer care.
- * The identification of omissions in knowledge regarding FN priority area needs and how to establish trusting relationships with FN people (planning, development, co-design).
- * A lack of knowledge and understanding by cancer care systems due to colonized thinking and different value systems (including unconscious bias and no desire for change).
- * A recognition of significant deficits in cancer care and oncology care provider information and awareness of FN people, cultures and cancer care experience.
- * An important need for support to determine readiness for practice change, coupled with a desire to improve cancer care pathways for/with Alberta First Nations communities.

The evaluation focused on process and impacts in the development of cultural safety education and training. The following outcomes were noted:

- * Attention was given to pre/post roundtable discussions, including oral dialogue and project event evaluations to measure the impact and effectiveness of activities aimed at increasing knowledge and awareness among the group.
- * During all engagements, Indigenous language was used to introduce, during the event to establish clarity and conclude each gathering, enabling traditional knowledge to provide for and create evidence of FN informative engagement processes.
- * Culturally based processes of Knowledge Holders/Practitioners revealed greater insights into the integration of traditional ways of knowing to improve cancer experiences and outcomes for FN patients and families.
- * Oral dialogues were of an evaluative nature or an oral evaluation process itself. By layering and building upon one another's responses, this served to transfer living knowledge and bring participant perspectives to the forefront of the work.
- * For FN Knowledge Holders/Practitioners, this was shown to be inclusive of lifelong learning, knowledge and visions of their ancestors to effectively deal with the issue of developing oncology care provider education and training.

Grand round presentations by Project Team co-leads also provided for an oral evaluation process through the recorded feedback and questions raised by participants (more than 45 oncology care providers, leaders, and researchers). This represented an important opportunity for sharing ways in which the cancer care system can begin responding to the priority needs of FN cancer patients and families. These included:

- * Cancer care systems have an increasing interest to learn about culturally safe and competent care (R/T practice and system change) born out of desires to provide better care to FN people.
- * Cancer care sustainability planning was/is being prompted by and is inclusive of outcomes from the CPAC-funded FN Cancer Pathways project.
- * AHS Connect Care processes can be utilized to flag and address incidences of racism and discrimination.
- * AHS Cancer Care needs improved efficiencies in flagging critical times for screening and prevention activities for/with FN people.

It is also important to note that Alberta FNIGC and project co-leads have undertaken complementary work that helped to further inform the evaluation approach of the AFNCI. This included a six-year collaboration with AHS Cancer Prevention and Screening Innovations to support FN cancer prevention and screening action planning, a partnership project with AHS Screening Programs to provide Alberta FN with cancer screening data and information, as well as a CPAC-supported environmental scan regarding national Indigenous data and research governance.

PROCESS & IMPLEMENTATION EVALUATION

Indigenous process and implementation evaluation is very much about the process of building, maintaining and sustaining relationships. During the implementation phase, the first initial engagements focused on building trust and centred around the Knowledge Holders/Practitioners who grounded the discussions from within cultural collaborative processes. Given the high-level spiritual nature of the Knowledge Holder/Practitioner group, the initiative was comprised of several interacting components, operating in different ways to address the development of an Alberta FN comprehensive and sustainable cancer strategy. Process evaluation aims to explain the complexities of the interactions undertaken to generate beneficial project outcomes.

The core question guiding this examination of the collaborative approach asked: Did the project operate as planned? The initiative was found to have advanced OCAP® principles by acknowledging FN philosophies of holistic health and wellbeing. Further, the role of community knowledge, values, beliefs and culture in decision-making is central to addressing FN health and healing challenges. This collaborative approach established a valuable framework, leading to the process evaluation outcomes noted below:

- * Articulation of the effectiveness of the collaborative partnership engagements.
- * Community Knowledge Holders/Practitioners are leaders in FN research processes.
- * Event evaluation forms can provide critical information on the strengths and weaknesses of engagement processes with FN people.
- * Collaborative foundations have the capacity to build trust in aligning solutions with oral traditional practices.
- * A clear description of research contributes to an informed consent process.
- * Processes to secure oral data are required.
- * Indigenous language is a requirement to inform Indigenous needs.
- * Gaps in existing knowledge are prioritized through dialogues carried out over a series of engagements to identify the nature of the problem and establish optimal knowledge transference.
- * Iterative approaches to data collection are central and align with oral systems of knowledge.
- * Knowledge exchange and transfer inform implementation processes where the learning becomes routine in transitioning changes into practice.

Outcome Evaluation

Outcome evaluation focused on dialogue sessions, including engagement evaluation forms designed to gather information on lessons learned and real-world evidence that can be used to inform decisions by oncology care providers. The task of the evaluation was to prepare, build and develop ‘systems capacity indicators of success’, including readiness, leadership support, increased knowledge and understanding and practice change.

Anticipated outcomes of the four engagement sessions were to plan and identify next steps for creating oncology care provider cultural education and training specific to FN communities and people. Points of dialogue included: appropriate methods for engaging FN patients and families; FN collective decision-making practices; trauma-informed care and cultural safety for FN patients and families; processes to support developing educational tools and resources for cross-cultural training and traditional forms of support; and types of tools for education and training. Outcomes, indicators and targets for these points of dialogue are found in Table 2 below.

Table 2: AFNCI Evaluation Outcomes, Indicators and Targets

OUTCOMES	INDICATORS	TARGETS
Exercised cultural collaborative processes	<ul style="list-style-type: none"> * Dialogic processes initiated * Sharing personal histories and stories about needed system-level changes 	<p>Establish reciprocal relationships between Knowledge Holder Practitioners and Oncology Champions</p> <p>Engagements to deliver high-quality, culturally safe knowledge points</p>
Positioned Knowledge Holders/ Practitioners to shape action through cultural transference processes	<ul style="list-style-type: none"> * Protocols practiced & Oral knowledge through stories are transferred 	<p>Experiential learning supports the implementation of practice change</p>
Prioritized KTE	<ul style="list-style-type: none"> * FN knowledge and expertise applied to inform appropriate methods for engaging FN patients and families, e.g., Common FN collective decision-making practices 	<p>Knowledge Holders/ Practitioners to validate KTE processes</p> <p>Schedule thematic engagement sessions held within two Treaty areas</p>
Implementation and improved understanding of a Practice Change as a lifelong learning process	<ul style="list-style-type: none"> * Partnership approach established lifelong learning through experiential learning 	<p>Reconciliation, action, and learning lead to transformation and community advocacy</p>
Vetted ‘Brokered Dialogue’ Vignettes	<ul style="list-style-type: none"> * Video aligned with the oral methods of sharing knowledge and learning * Knowledge Holders/ Practitioners validate the depth and breadth of the knowledge to be shared 	<p>Review/validate resources by Knowledge Holders/ Practitioners as Cultural Safety learning resources</p> <p>Exchange information to increase awareness of the effective cultural learning resources</p>

Improved health systems' capacity, including readiness in meeting the priority needs of FN cancer patients, families and communities	A shared vision by oncology care providers and Indigenous Knowledge Holders/ Practitioners of best practices in meeting the cancer pathway priority area needs of FN Culturally safe resources aimed at improving knowledge and awareness of Alberta FN, including health education	Improve decision-making in leadership based on FN information sharing
Developed educational and learning supports for FN and Oncology Care Providers	Knowledge Holders/ Practitioners identified key knowledge areas for Cultural Safety training	Knowledge Holders/ Practitioners approval of resources

Impact Evaluation

Impact evaluation identifies observed changes resulting from initiative activities, such as intended and unintended outcomes. The key impact assessment question guiding this evaluation was: *What predicted and unpredicted impacts did the project have specific to partnerships, the cancer care system and the relationships between cancer care providers and Indigenous Knowledge Holders/ practitioners?* Emphasis was placed on the collaboration experiences between the Knowledge Holder/ Practitioners and Oncology Champions. The focus for change aimed to target both these groups, as well as cancer care and FN communities. The following data was gathered during project engagements with a goal to build upon and re-centre the aims and potential impacts of the project.

Unanticipated impacts involved required changes because of the pandemic, which had significant impacts on FN communities. This included the need to reduce the number of in-person gatherings, cancel/reschedule gatherings, use of a hybrid format for some engagements and the move to use an online Learning Management System for cultural safety education. Fortunately, previous planning to utilize vignettes as a form of resource worked well in relation to the changing environment.

Anticipated impacts included the consistency among Knowledge Holders/Practitioners regarding the value of their contributions to the overall initiative and its desired outcomes. This included the personal invitation by this core group of Knowledge Holders/Practitioners made to Oncology Champions to be part of their cultural processes. Further, Oncology Champions learned from the process alongside Knowledge Holders/Practitioners about lifelong learning and knowledge transference as a central feature of FN engagement. In summary, the collaborative processes were both instructive and instrumental for learning about the potential pathways yet to be entered into within oncology care. This combination of strategies and activities proved significant in the design to improve, maintain, promote and/or modify cancer care and care provider practices to support the cancer pathways of FN patients and families.

Results & Findings

In a cohesive way, each speaker aligned their families' best practices to support project outcomes. The result of these engagements brought together like-minded people who are/were willing to work with Oncology Champions from a human focus. As a collaborative, they identified and positioned foundational pathways forward for the desired state where FN worldviews inform future decision-making to address culturally safe cancer treatment and care. Central to every narrative is lived experience and the multiple ways in which ancestral knowledge is applied to the health and well-being of cancer survivors, their families and communities. Out of these rich narratives emerged ways to ensure there are collaborative processes in place to work with the oncology care system. Discussed in the following section, these themes emerged from dialogue in the sessions that may be identified as FN/Indigenous knowledge concepts.

VOICES OF FIRST NATIONS AND CANCER CARE

AFNCI outcomes were achieved by working from a place of trust and partnership. Knowledge Holders/Practitioners, consistent in their messages, embraced their connection to all things and existence as part of a larger whole. Together, the group connected a strong foundation from which to inform the present and to position connections for Practice Change Implementation through utilizing FN/Indigenous knowledge concepts.

- * *Relationships*
- * *Family as Medicine*
- * *Culture as Prevention*
- * *Indigenous Language*

Embedded in the initiative was a priority to build evidence for cancer care practice change through engagement grounded in FN collaborative partnership processes. A key underlying objective of this collaborative approach was to establish and further trusting relations with multi-jurisdictional leaders across AHS, including Cancer Care and Oncology Care Providers responsible for providing programming and service delivery to FN patients. Each engagement session was reviewed for themes that were then used to strategically address outcomes from within roundtable dialogic processes.

Relationships

FN Knowledge Holders guided the directives and activities of this work and acknowledged the significance of relationship building as important to success, as noted in the statement below:

What's important to understand is how do we see ourselves work with oncologists to help them understand the outcomes and how to access medicines to work together and support one another. Building relationship with one another.

(Knowledge Holder Lorraine Cardinal, 2019)

Working together for the betterment of the community to ensure FN patients and families experience a more caring and culturally safe cancer journey, the application of harmonious cultural instruments was shown to be a long-term approach to address community challenges. Once Knowledge Holders agreed that change was required, they identified a highly structured cultural educative process. One Knowledge Holder shared how relationships with community Elders helped AHS Cancer Care to transform challenges into equitable spaces for cultural practice:

The importance of sitting with our people and the medical directors. Our spiritual Elders have sat with our medical doctors... and we now have practices in place where gatherings can happen inside a ceremonial room. A lot of people come into the ceremonial room when they hear the drum or smell the smudge. They feel safe, and they feel good.

(Dorothy Day Chief, 2019)

The distinct group of FN Knowledge Holders/Practitioners from diverse Alberta FN language groups and landscapes shared their ideas and approaches about the key pieces needed to develop training for Oncology Care Providers. The group shared the view that building relationships to support experiential learning of cancer care providers was key:

We need to somehow bring that across to the Doctors of Western medicine. That is the hardest part, as we cannot just walk up to them and tell them. It's not that easy, but I would like to have some of our healers come to these gatherings.

(Victor Bruno, 2020)

All project participants acknowledged that partnerships require full and meaningful involvement to improve FN cancer pathways and care. In the true spirit of collaboration, two high-level teams were engaged in dialogues that relied upon First Nations' collaborative processes to identify and articulate required practice changes to improve FN cancer outcomes and experience. From the perspective of Cancer

Care Oncology Champions, the main desired outcomes of the AFNCI were reflected upon in the following statement:

I have observed as a clinician interacting with FN patients and families that their experiences at the Cancer Centre are very different and can be viewed in a negative way...from the standpoint of access to the Cancer Centre, coming to appointments, information that is received in a way that is not helpful to them. [Cancer Care requires] programs where cancer care providers can learn better, so the experience of FN cancer patients can be better. I would like to be able translate my experience across the system better. Dr. Butts and I have talked, and we want to see something.

(Dr. Gregg Nelson, 2020)

Reference to the importance of building and maintaining trusting relationships between Cancer Care and FN was also made by Oncology Champions in acknowledging the spirit and intent of the AFNCI collaborative approach:

I think there are a lot of things of interest, but what struck me is trying to better understand how we can work together. Especially how we can combine the medicines with western treatments – I think the general approach is that care providers are more dismissive, primarily due to ignorance, because they don't understand the differences or how they are used. If we can provide that understanding, then we can work together through those barriers.

(Dr. Charles Butts, 2020)

A critical juncture in the AFNCI process was for Knowledge Holders and Oncology Champions to arrive at a group consensus about the main purpose of the collaborative experience. The initiative was talked about as addressing knowledge gaps through relationships aimed at educating both Oncology Care Providers and FN communities:

We do have very strong medicines, and the same goes for cancer. I have beaten cancer by using our medicines, and I have been treating some cancers with people that come to me. I won't mention names, but it seems to be helping them. I hope we can get together [with Cancer Care] and exchange our medicines and our views, and how we gather them and what we can expect.

(Gordon Courtoreille, 2021)

Family as Medicine

At the center of every gathering, family and community became central themes. The most natural way to learn about another is to observe and through experiential ways, as identified by the Knowledge Holders, to bridge traditional and Western medicine. In this way, Knowledge Holders endeavoured to create a safe environment for cross-cultural learning and worked for the inclusion of traditional supports and knowledge in FN cancer pathways. A common theme that emerged was the following teaching:

I say that family is medicine. (Charles Wood, 2021)

Shown to be significant to outcomes and the way forward to improving FN cancer care was the unified family approach taken by Knowledge Holders. Inclusive of couples, the group provided for male and female perspectives, but also teachings about the roles of grandparents as cultural leaders recognized by their communities. In their most natural role, the Knowledge Holders created a place for the youth and inter-generations to support the processes of 'Implementing Practice Change'. In a loving way, one speaker shared how practice change is a daily part of life, as well as embedded within the revitalization healing processes within FN communities:

I told the gathering that we have to unlearn what we have learned and to relearn what we have lost, or maybe forgotten. In saying that, I know and need to believe, I have to believe, that as Indigenous people, we are blessed with a gift from the Creator. Not only to look after ourselves, but to look after our own people and others, like it has been said and shared through the video and in the round table that's happening right now. It is going to be a major challenge because when we take and accept the responsibility of trying to relearn who we are, we are close to every segment of our life.

(Charles Wood, 2020)

The AFNCI acknowledged the concept of the family approach. The Knowledge Holder group included five couples, bringing a balanced male and female perspective and the importance of the role of the grandparent as a community member. Directed by the Knowledge Holders, the AFNCI hosted a specific engagement that brought together grandparents and grandchildren. These youth were invited to sit within the knowledge circle and to share their insights and experiences regarding cancer. One youth identified his mother's 'cultural cancer pathway,' which mirrored other FN patient journeys within their respective community:

I feel like the traditional way worked better than chemo, because whenever she would have chemo, she would get more ill and would be so tired and restless. But when she went the traditional way, I feel like she had more energy and was healthier when she went the traditional way. It's been about eight years now since then, and she's still with us, and I'm thankful for that. I am thankful to my Kokum and Mushum. They were our biggest supporters because, at the time, I was really young and my Kookum and Mushum were the ones who basically took care of us and took us to the places that we needed to be and shared how to use the traditional medicines."

(Youth Cory Bruno, 2020)

The described family pathway is evidence of the best messaging for potential positive outcomes in providing Oncology Care Providers with Cultural Safety training. At the very start of the AFNCI project, the collaborative approach was thoughtfully and carefully planned to attend to the existing gaps and challenges by enabling dialogue to occur using Indigenous languages:

It's really scary hearing the word cancer.... Language is so important and [I] would love to have a focus group in our own languages. When we talk in English, we lose a lot of what was put in, and I wonder why do we take this out? We need to think about who we are serving – it's our people. It's a blessing to be chosen to be part of this knowledge group. It's so beautiful to speak our own language in praying to our Creator.

(Gloria Wells, 2019)

Culture as Prevention

Indigenous ways of being are inextricably tied to land, language and culture. This is true regarding health and healing. To support FN health and healing, improving Indigenous experience is built upon such concepts, which are as important as the inter-connections that they impose on the very being of an Indigenous person and community. These reflections, as noted throughout this report, provide a foundation for FN collaborative processes, which have been shown to be instrumental in the co-design of practice changes to support improved FN cancer outcomes and experience. From within FN contexts, one Knowledge Holder spoke about the importance of acknowledging these connections to land in the health and well-being of FN people:

We are from the land. Every one of us, and when we want to heal or something is bothering us, we go out on the land, and we seem to feel better. Regarding cancer, there are a lot of things that our people face, like discrimination and a lack of understanding of cancer and the food that we need, because the food is medicine. A lot of our people are so poor they cannot afford the good foods, but we do have traditional foods.

(Mike Beaver, 2019)

Multiple bodies of knowledge informed Cultural Safety training and implementation of practice change identified by Knowledge Holders. This included the importance and power of traditional medicines in the health and healing of FN people to support improved cancer outcomes and experiences:

I use just our traditional medicine. I never used pills, nothing. I know how powerful our medicines are, and I think people should know that and they should be taught that.

(Gordon Courtoreille, 2020)

Cultural transference provided the backbone for framing AFNCI knowledge mobilization (KTE) in FN contexts, including cancer strategy development, practice change implementation and actions for sustainability. The results and findings from the six engagements underpin the development of appropriate cultural safety and collaborative tools for both FN people and Oncology Care Providers. This is expressed in the following messages provided by Knowledge Holders:

- * We can't always make presumptions and need to understand the whole situation. (Lorraine Cardinal, 2019).
- * In the late 1970's, my dad shared these medicines, and I was reluctant to give them

away, but I am starting to realize his message to share them. (Lawrence Saddleback, 2019).

- * Language is so important, and we need to focus [our dialogue] in using our own languages. When we talk in English, we lose a lot of what was put in. (Gloria Wells, 2019).

Direct experience was drawn upon, and each member of the Knowledge Holder/Practitioner group was fluent in their language, which recognized collaboration itself as a healing process. The engagements provided an opportunity for Knowledge Holders, many of whom are cancer survivors, to speak their language to relay their experiences along a cancer journey, including the importance and use of traditional medicines:

I've had cancer, and it's a scary thing. I did not give up. I started using traditional roots and my PSA levels were really high when I was diagnosed, and two months later it was gone...I even had diabetes. Even if you don't have diabetes or cancer, you still need to take medicines. This is the most important thing to know about. Traditional medicines are not going to hurt you – they are meant to prevent diseases too.

(Gordon Courtoreille, 2020)

High-level knowledge is transferred and provides evidence that traditional ways remain intact and strong. One grandmother spoke to her role as a ceremonial leader and the interconnectedness of traditional ways of knowing and ways of being when she shared her experiences with Oncology Champions:

We have been really involved with all the meetings that [Cancer Care has held] to address FN priority areas along the cancer pathway. We have shared a lot of our traditional medicines and our experiences as cancer survivors in one way or another, and we are all tied into ceremonies and our traditional healing medicines.

(Dorothy Day Chief, Nov. 2020)

Indigenous Language

An important gap identified throughout the AFNCI was Oncology Care Providers' lack of knowledge and understanding of who First Nations are as a people, including the different Treaties and nations that exist, along with their distinct values and beliefs. Spoken Indigenous languages are essential in the development of solutions for FN needs and challenges regarding cancer and cancer care.

Key concepts related to the importance of language are:

- * Language is the facilitator of connections.
- * Language provides a mode of acquiring and sharing knowledge.
- * Language keeps life and relationships intact.
- * Language (sound) invokes spirit into the circle.
- * Indigenous language expresses the innermost knowing, experience and worldview.
- * Language is alive and functions iteratively within cultures.

References to the importance of language noted in the previous sections are supported by the Knowledge Holders. The following statement is reflective of just how understanding the importance and role of language is for the health and healing of FN cancer patients:

I keep saying our language is much more than the spoken word. It defines our whole being, our whole connection to the universe and to spirit. When we come to [gather with] the Elders here, the knowledge and experience that they've had in their lives and what has been passed onto them is immense.

(Tom McCallum, 2021)

Lessons Learned

During the project, the guidance and cultural knowledge gifted by the Knowledge Holders/Practitioners have and will continue to inform outcomes through providing an understanding of the significance of ancestral knowledge to practice change. The following lessons were validated through ongoing dialogue with Alberta FN Knowledge Holders/Practitioners:

- * Vignettes offer high educational value with the ability to position hard discussions in a safe and caring way to facilitate greater awareness of autonomy in facing health challenges and overcoming barriers to provide culturally safe care.
- * Cancer care pathways must reflect individual and family cultures, as each person is singularly unique with a diverse cultural background.
- * FN collaborative processes exist within communities and represent communicative tools to build on FN concepts of holistic health and healing within oncology care settings.
- * Knowledge Holders/Practitioners must guide and be key collaborators in activities of projects that affect and influence the health and well-being of FN families and communities.
- * Collaborations are key for high-level implementation of practice changes across healthcare settings.
- * Key collaborations are essential to bridge relations and mentor change.
- * Ancestral knowledge systems, living knowledge that resides within FN languages, can help transform existing practices in providing safe care to FN patients and families.
- * Using community-based approaches within cancer care systems can strengthen cultural supports for FN patients, families and communities.

AFNCI FN Knowledge Holders/Practitioners agreed that Cultural Safety training for Oncology Care Providers is required to support and sustain practice changes that aim to improve FN cancer outcomes and experience. Training must include planning for the sustainability of cultural components in FN cancer care, and core elements of this must include experiential learning out on the land from within an oral traditional approach. Although the training is expected to be a shared and collective initiative between Cancer Care and Alberta FN, Knowledge Holders/Practitioners must be engaged to lead this work for the learning to be meaningful and have lasting change at a personal level. In this way, FN can markedly influence the implementation of practice changes designed to improve FN cancer outcomes and experience.

Moving Forward in the Spirit of Sustainability

The gift of knowledge offered by the Knowledge Holders/Practitioners involved in AFNCI engagement activities has been shown to have the potential to transform current oncology care landscapes and practices. By entering into First Nations cultural collaborative processes, the AFNCI was able to articulate an Indigenous Collaborative Framework, a Knowledge Mobilization Plan, Oncology Care Provider Education and Training, and an Indigenous Evaluation Plan. Each of these components can be viewed as essential to sustaining changes within a healthcare system and/or organization.

The outcomes of the AFNCI were achieved by working from a place of trust and partnership. The Knowledge Holders/Practitioners were consistent in their message of embracing “Mâmamôkamâtowin” in their connection to all things and a existence in being part of a larger-whole by working cohesively together, Informed by historical experience, cultural knowledge, and information from interest groups, including Knowledge Holders, Oncology Champions, and Project Team members created a strong foundation from which to inform the present and position practice change within future Cancer Care programming and Cancer Care Provider service delivery.

Significant cultural collaborative processes were engaged within the AFNCI project, where language and Knowledge Holders/Practitioners shaped deep insights to strengthen Indigenous supports within cancer care systems. The cultural programming to support AFNCI engagement processes was conducted according to the cultural practices and protocols of the Alberta FNIGC. As the host organization, the AFNIGC Project Team has emerged as a leader in language-based community research with the potential to demonstrate that ancestral knowledge systems can help transform system and practice changes, such as those needed in oncology healthcare settings.

Key actions arising out of the narratives are ‘to be in service of Alberta First Nation Peoples’ and, in a concise way, to ‘preserve ancestral healing knowledge systems’ through supporting oral traditions of ‘telling our stories’ to strengthen our communities. These actions formed the foundational cultural framework for AFNCI as a project, to build and establish trusting relationships, where critical conversations on difficult and sensitive topics may inform the pathways needed. In these closing sections, we provide insights from First Nation Knowledge Holders/Practitioners and recommendations that arose out of ongoing themes from AFNCI activities for practice change to First Nation Cancer Care.

Knowledge Holder/ Practitioner Insights

- * Stories and narratives form a basis to apply cultural know-how and ancestral medicinal knowledge in a cancer journey.
- * Orality is a key tool to position knowing from within Indigenous knowledge systems.
- * Confronting the states of hesitancy within FN communities requires oral traditional practices to provide cultural education.
- * Knowledge Holders/Practitioners require sacred space to embed traditional ways into contemporary health research.
- * Ancestral methods offer methods to renew and use knowledge.
- * Lifelong learning affirms grandparents as a knowledge connector for inter-generational learning.
- * Indigenous knowledge systems continue to rely upon traditional ways for maintaining family systems.
- * Cultural mechanisms, such as collaborative engagement processes, are useful and relevant to examine difficult and challenging issues.
- * Knowledge Holders/Practitioners acknowledge they are called to do this work.
- * Demonstrating community-led research processes requires Knowledge Holders/Practitioners to be positioned and valued as full project partners.
- * Knowledge Holders/Practitioners use stories to shape actions in developing cultural pathways that are housed within language.
- * Cultural methodology and methods represent the essence of upholding FN community knowledge.
- * Knowledge Holders/Practitioners have a shared commitment to developing, engaging and promoting engagement processes emanating from lived knowledge and lifelong learning.
- * Existing cultural collaborative processes can produce new knowledge and greater awareness as a living system, both past and informing the present to create future gains.
- * Knowledge Holders/Practitioners identified key factors to outline Cultural Safety education and training for Oncology Care Providers.
- * Creating and establishing relationships and collaborations between Indigenous and cancer care organizations is critical to advance the multi- jurisdictional priorities of FN cancer patients and families.
- * Cross-cultural training must include current research in areas of trauma-informed care and cultural safety.
- * AFNCI project identified a need for improved understanding of implementing practice change.
- * It is imperative that Cancer Care develop mechanisms for FN people to relay their perspectives, values and ways of knowing to Oncology Care Providers regarding alternative or traditional methods of treatment alongside biomedical treatments and care
- * Initial engagements for cross-cultural learning must focus on dialogue to build trust and create safe environments.
- * Traditional forms of support can provide a strong foundation from which to create appropriate pathways for enhanced care.
- * Storied histories are evidence of equity gaps, barriers and challenges in FN cancer pathways and care.
- * Narratives validated the existence of institutional racism through the shared negative experiences of AFNCI project participants.
- * Vignettes can serve as a key resource and teaching tool for Cultural Safety training to guide and prompt discussion within engagement processes.

Recommendations

- 1.** Support and establish a network of Knowledge Holders/Practitioners for knowledge transference within First Nations communities to advocate for cultural wellbeing pathways within oncology care.
- 2.** Establish oral review processes with Knowledge Holders/Practitioners for CPAC FNIM strategies to be validated and authenticated as reflective of Indigenous health and healing practices.
- 3.** Provide guidance to create space for spiritual practices to be carried out before and during cancer treatments, including surgery, radiation and chemotherapy.
- 4.** Develop an Indigenous Youth Cancer Strategy.
- 5.** Coordinate a First Nations cancer gathering and conference for cultural transference to First Nations patients, families and communities.
- 6.** Create cancer prevention and screening, cancer care knowledge and awareness tools and resources for both First Nations and Oncology Care Providers that apply oral traditional practices, e.g., tools and resources inclusive of Indigenous language terminology and practices in accordance with regional community land-based methodologies.
- 7.** Publish the findings of outcomes from the AFNCI Final Report in a peer-reviewed journal.





Alberta First Nations Cancer Strategy &
Practice Change Implementation Initiative Final Report

ISBN: 978-1-0688666-5-4