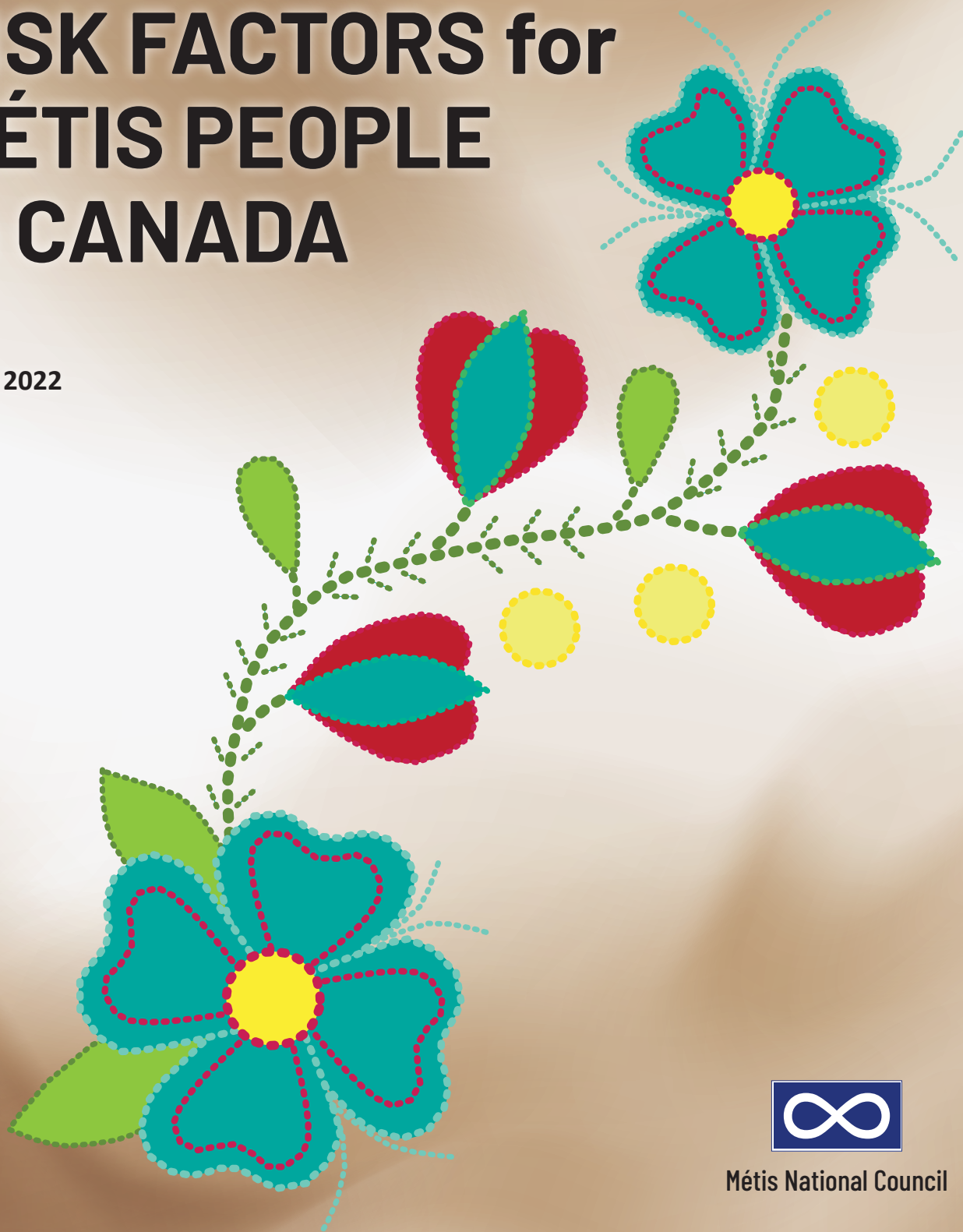


CANCER and TOBACCO RISK FACTORS for MÉTIS PEOPLE in CANADA

APRIL 2022



Métis National Council

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Acronyms

APS	Aboriginal Peoples Survey
CCHS	Canadian Community Health Survey
CCO	Cancer Care Ontario
CCS	Canadian Cancer Society
COPD	Chronic obstructive pulmonary disease
CPAC	Canadian Partnership Against Cancer
CPP	Community Prevention Practitioner
CQCO	Cancer Quality Council of Ontario
FNHA	First Nations Health Authority
FNIM	First Nations, Inuit, and Métis
FNRHS	First Nations Regional Health Survey
GM	Governing Members
MMF	Manitoba Metis Federation
MNA	Métis Nation of Alberta
MNBC	Métis Nation British Columbia
MNC	Métis National Council
MNO	Métis Nation of Ontario
MN-S	Métis Nation-Saskatchewan
NRT	Nicotine replacement therapy
OCAS	Ownership, control, access, and stewardship
PHAC	Public Health Agency of Canada
RR	Relative risk





1 EXECUTIVE SUMMARY

Introduction and methodology

This report presents a picture of the current state of research and policy on cancer and tobacco-related risk factors for Métis people in Canada, as well as the overall landscape of programs and services available to Métis people that address tobacco consumption and cancer. The report is intended to be a resource for the Métis Nation including its Governing Members (GMs) and the Métis National Council (MNC), as well as for other organizations such as the Canadian Partnership Against Cancer (CPAC) and for policy researchers interested in conducting research in these areas.

A literature review was conducted to develop a picture of research and policy during the period from 2010-2020, focused on cancer and tobacco-related risk factors in the Métis population. An environmental scan was carried out to develop an inventory of programs and services that focus on cancer prevention, protection and treatment, and those aimed at improving health by reducing the smoking and vaping risk factors of cancer for Métis people.

Key findings

Key findings related to research and policy from the literature review are as follows:

- Generally, risk of cancer for Métis is the same or higher than for non-Indigenous people. Lung and bronchial cancer rates stand out. Several studies show higher bronchial and lung cancer rates among Métis. For Canadians overall, lung cancer has the highest incidence of any cancer.
- Major causes and risk factors for cancer include smoking, alcohol, weight/obesity, lack of physical activity, and unhealthy eating habits (or insufficient fruit and vegetable consumption). Sources generally indicate greater risks for Métis people due to smoking, alcohol, and weight/obesity. Several studies point to higher smoking and obesity rates among Métis as being partly explanatory for elevated rates of some cancers.
- In addition to higher cancer rates, studies suggest elevated mortality for Métis people

for some cancers, particularly prostate and lung cancer. Findings are mixed and often limited due to the small numbers of Métis cases included in the studies. Some studies appear to show greater risk of mortality from prostate cancer for Métis, and others from lung cancer. Lung cancer has the highest mortality of any cancer among Canadians overall.

- No evidence was found concerning differences in screening uptake between Métis people and non-Métis people. A number of barriers and facilitators may affect screening uptake among Indigenous Peoples, including accessibility, education, and availability of culturally appropriate information.
- Several studies emphasize the role of family and community support in the cancer journey for Métis and other Indigenous people. Barriers that affect Métis people in accessing cancer care include geographical remoteness, coordination issues in the healthcare system, lack of culturally relevant information, and level of community awareness.
- Smoking is a significant risk factor for cancer. The most recent data indicate that smoking rates among Métis adults and youth are higher than among non-Indigenous adults and youth, generally on the order of 1.5 to 2 times as high. Studies show an overall decline in Métis smoking rates among adults and youth over the past 20 years, but indicate that Métis smoking rates have remained higher than non-Métis smoking rates (which have also declined). Available studies examining smoking among Métis youth indicate that the smoking start-up age may be increasing in younger age groups.
- Smoking is linked with diseases such as COPD, asthma, cardiovascular disease, and diabetes, in addition to cancers. Elevated rates of COPD in First Nations, Métis, and Inuit communities are believed to be linked to smoking rates.
- Data from British Columbia indicates that vaping rates among Métis youth are very

high. Vaping is the most common tobacco-replacement product used by youth, among both Métis and non-Métis. Vaping use is on the rise among Canadian youth more broadly.

National-level policy around cancer control and smoking for Métis people is still in progress. While Governing Members have undertaken discussions concerning cancer control priorities with CPAC, to date there is no national Métis-specific cancer control strategy or framework. Work is in progress to develop a Métis Nation Tobacco Strategy.

Key findings related to programs and services are as follows:

- A number of cancer patient support programs and services were identified across Canada, on themes such as cancer information, cancer patient transportation services, patient navigators, and services generally aimed at cancer prevention and treatment support. Several programs and resources specifically focus on Métis people.
- Programs and activities relating to cancer research, cancer planning, and cancer control strategy for Indigenous people were identified in British Columbia, Alberta, Ontario, and Saskatchewan.
- There are no organized lung cancer screening programs in Canada. Several pilot studies are in progress, including the BC Lung Screen Trial, which includes a specific Métis-focused social media strategy.
- As of 2019, there were no quitline services specifically tailored to Métis people. Quitline services with resources tailored to Métis, Inuit, and First Nations people are available in Yukon, Northwest Territories, British Columbia, Saskatchewan, Manitoba, Ontario, New Brunswick, and Prince Edward Island.
- Smoking cessation programs specifically targeting Métis people were identified in Alberta, British Columbia, Saskatchewan, and Ontario. Programs are being delivered by Métis Nation of Alberta, Métis Nation British Columbia, and Métis Nation of Ontario.

Programs with resources available to Métis, Inuit, and First Nations people were identified in Northwest Territories, British Columbia, Alberta, Ontario, and Newfoundland.

- Governing Members have indicated a number of examples of programs and partnerships in progress. Governing Members are working on addressing issues such as cultural safety and competency, vaping, programming for youth,

data and information sharing, and making cancer-related resources available to Métis patients.

Conclusions

Based on the findings from the literature review and program scan, this report identifies six main conclusions. These conclusions are elaborated in more detail in section 5.

CONCLUSION 1:	There is a strong rationale for developing and maintaining a Métis distinctions-based approach towards cancer, tobacco and the intersection of the two. This should cover the full spectrum of research, data, policy and programming.
CONCLUSION 2:	To fully develop and implement such a Métis distinction-based approach, there are gaps that need to be addressed in the research and data portions of the spectrum.
CONCLUSION 3:	To fully develop and implement such a Métis distinction-based approach, there are gaps that need to be addressed in the policy portion of the spectrum.
CONCLUSION 4:	Similarly, there is an ongoing need for a Métis distinction-based approach to programming, and to addressing gaps in programs and services.
CONCLUSION 5:	Addressing these gaps requires collaboration across the Métis Nation and between the Métis Nation and other governments, parties, and stakeholders.
CONCLUSION 6:	This report should be treated as an evergreen document and updated periodically.





2 INTRODUCTION

2.1. Purpose of this report

This report presents a picture of the current state of research and policy on cancer and tobacco-related risk factors for Métis people in Canada, as well as the overall landscape of programs and services available to Métis people that address tobacco consumption and cancer. The report is intended to be a resource for the Métis Nation including its Governing Members (GMs) and the Métis National Council (MNC), as well as for other organizations such as the Canadian Partnership Against Cancer (CPAC) and for policy researchers interested in conducting or scanning research in these areas. The report serves as a baseline for future work on cancer control and tobacco in Métis populations, and may be updated periodically to reflect new research and policy initiatives, and the further development of programs and services.

2.2. Approach and methodology

A literature review was conducted to develop a picture of research and policy during the period from 2010-2020, focused on cancer and tobacco-related risk factors in the Métis population. This literature review includes a survey and analysis of the available research on smoking, vaping, and other forms of tobacco and nicotine consumption as risk factors for cancer for Métis people, as well as an assessment of research and policy gaps. The results of the literature review are presented in section 3.

An environmental scan was carried out to develop an inventory of programs and services that focus on cancer prevention, protection and treatment, and those aimed at improving health by reducing the smoking and vaping risk factors of cancer for Métis people. The inventory aims to capture the ways in which distinctive programs and services specifically aimed at Métis people have been

implemented to date. Meetings were also held with representatives from GMs to capture their perspectives and recommendations on areas such as:

- Métis programs and services gaps;
- More effective multi-party partnerships;
- Improved Métis access to health services;
- Means of increasing the participation of Métis people in the design, delivery and evaluation of cancer and tobacco programs and services; and
- Improved intergovernmental coordination and CPAC collaboration.

The results of the environmental scan are presented in section 4.

Literature review

The literature review aimed to capture peer-reviewed and grey literature from 2010-2020. It was carried out from December 2020 to March 2021.

Thematically, the focus was on tobacco and vaping usage and cancer in the Métis population. For research specifically on tobacco consumption in the Métis population, this literature review built upon a previous literature review, *Tobacco Smoking and Métis in Canada: Evidence Search*, developed by Dr. Eduardo Vides, Senior Health Policy Advisor, MNC (Vides, 2019). To supplement the findings from this previous review, a search was conducted to identify any additional literature produced since 2019.

Academic searches were conducted using PubMed and Google Scholar. The aim was to capture both cancer literature and tobacco literature, with both a Métis focus and a broader Indigenous focus. Searches used combinations of the following search terms:

- Métis, Indigenous, Canada
- Cancer
- Tobacco, Smoking, Vaping

Non-academic and grey literature and document searches were conducted through an online scan of governmental and organizational websites.

These searches identified research studies as well as policy documents. Websites searched included Governing Members (MNA, MNBC, MMF, MNO, and MN-S), federal government departments and agencies (including Statistics Canada, Public Health Agency of Canada, Health Canada, Canadian Institute for Health Information), and cancer organizations (including Canadian Partnership Against Cancer (CPAC), Canadian Lung Association, Canadian Cancer Society (CCS), Cancer Care Ontario, Cancer Care Alberta, Cancer Care Manitoba, BC Cancer, Saskatchewan Cancer Agency). Additional organizational websites, such as McCreary Centre Society, were also visited based on guidance from key informants.

Consultations with Governing Members and key informants from CPAC and CCS provided additional guidance on available literature, currently unpublished research, future research plans, and significant knowledge gaps.

Environmental scan

The environmental scan to develop an inventory of cancer and tobacco programs and services was carried out from December 2020 to March 2021. A major data source used in developing the inventory was an online scan. This included searching for available information from the websites of Governing Members, federal government departments and agencies, provincial government departments and agencies (BC, AB, SK, MB, ON) including their cancer agencies, Canadian Partnership Against Cancer, Canadian Cancer Society, and Canadian Lung Association. The search included programs and services specific to Métis people, those focusing on Indigenous people but including a Métis distinction, and those focusing on Indigenous people without a Métis distinction.

Discussions with representatives from three Governing Members (MNBC, MNA, and MN-S) helped to supplement the findings of the online scan. Governing Members were asked to provide information on currently available programs and services, as well as plans for future programs and services in their jurisdictions. They were also asked to comment on broader questions concerning participation, collaboration, and effectiveness relating to current programs and services. Additional interviews were conducted with

representatives from Canadian Partnership Against Cancer and Canadian Cancer Society.

In addition, the inventory makes use of earlier environmental scans produced by CPAC focusing on quitlines and smoking cessation programs across Canada (CPAC 2015, 2019, 2021). Information on lung cancer screening programs was derived from a 2020 CPAC report on lung cancer screening in Canada (CPAC 2020).

It should be noted that the online scan focused on the five Métis Nation provinces of British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario. As such, programming from outside of these provinces was not specifically sought out. Also, since Métis Nation Governing Members set their own programming priorities, it is understood that programming between Governing Members is not necessarily consistent or similar.

Limitations

The research, policy, programs and services landscape related to cancer and tobacco risk factors is constantly evolving. This report aims to present a picture at a certain point in time, encompassing the available research from 2010 to 2020 and the landscape of policy and programming as of 2021. As such, the report should be updated periodically to reflect future developments.

The overall state of cancer among Métis people is a broader topic than the focus of this report. There are many risk factors for cancer, and this report focuses specifically on tobacco as a risk factor. In addition, there are other chronic diseases such as COPD for which tobacco is a risk factor, which are not the focus of the report. It should also be noted that the impact of the COVID-19 pandemic on cancer rates, mortality, screening and treatment for Métis people has not yet been studied or identified.

The literature covered in this report frequently relies on census data which uses self-identification of Métis status. It should be noted that self-identification is not the criterion used by the Métis Nation and its Governing Members for their own citizens; rather, the National Definition of Métis involves additional criteria.¹ Findings should therefore be understood with that limitation in mind: they may be indicative of trends in the Métis population, but should not be taken as definitive. This limitation also indicates an opportunity to do more baseline research and data gathering specific to the Métis Nation using the National Definition.

A number of studies indicate disparities in overall cancer rates between Métis people and non-Indigenous people. However, the available data is generally older and may suffer from small sample sizes.

¹ The National Definition of Métis reads: “Métis means a person who self-identifies as Metis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation.” (MNA, 2022)

3 RESEARCH AND POLICY

In this section, key findings are presented from the research and policy literature review, covering both cancer and tobacco-related risk factors. Section 3.1 focuses on findings from research on the subject of cancer in Métis populations, including cancer rates, mortality, screening and treatment rates, risk factors, the cancer journey, and cancer policy. Section 3.2 focuses on tobacco smoking and vaping, including tobacco usage rates, start-up rates, cessation rates, intervention rates, other major diseases linked with tobacco use, vaping, and tobacco policy for Métis people. Section 3.3 discusses directions for future research.

3.1. Cancer in the Métis Nation

This section addresses the following four questions:

- What do we know about rates of cancer, mortality, and screening and treatment for Métis people?
- What do we know about cancer risk factors for Métis people, and about tobacco use as a specific cancer risk factor?
- What do we know about what the cancer care journey is like for Métis people?
- What is the current state of cancer control policy for Métis people?



What do we know about rates of cancer, mortality, and screening and treatment for Métis people?

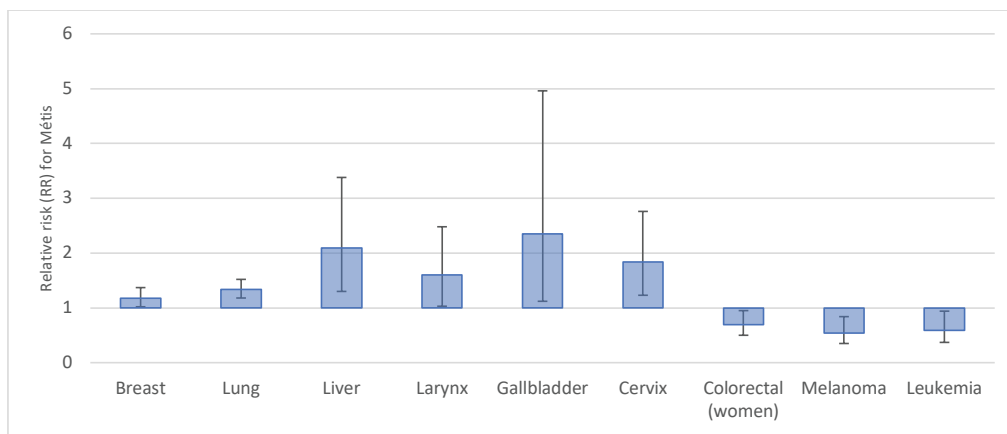
Research on Métis cancer rates was identified at the national level, and at the provincial level for Alberta, Manitoba, and Ontario. In general, the available data on cancer rates tends to be older, dating from 2012 or earlier. Thus, there may be a lack of up-to-date Métis-specific cancer data. It should also be noted that the impact of the COVID-19 pandemic on cancer rates, mortality, screening and treatment for Métis people has not yet been studied.

Métis people suffer higher rates of lung and bronchial cancer.

Research indicates that rates of cancer for Métis are the same or higher than for non-Indigenous people.² Mazereeuw et al. (2018) conducted an analysis of cancer incidence³ and mortality using results from the Canadian census follow-up cohort (1992-2009). The study found similar cancer incidence⁴ for Métis and non-Indigenous adults when considering all cancers and both sexes combined. As shown in Figure 1, a higher

“relative risk” (RR) of cancer for Métis adults was found to be statistically significant for breast cancer, lung cancer, liver, larynx, gallbladder, and cervical cancers. On the other hand, relative risk among Métis people was found to be lower for colorectal cancers for women as well as melanoma and leukemia for men and women combined. Disparities in incidence for other cancers were not statistically significant.

Figure 1: Relative risk (RR) for Métis people for selected cancers, from the Canadian census follow-up cohort (1992-2009)



Source: Mazereeuw et al. (2018). Errors represent 95% confidence intervals.

Another analysis of the follow-up to the 1991 census mortality cohort was conducted by Withrow (2016). It examined relative incidence rates of the top four cancers for Métis people across Canada versus the non-Indigenous population. It found that lung and bronchial cancers made up a larger proportion of top four cancer types for Métis people than for non-Indigenous people (34.9% in Métis versus 24.5% in non-Indigenous). In comparison, colorectal and prostate cancers made up smaller proportions of the top four cancers among Métis, versus the non-Indigenous population (for colorectal: 16.5% versus 23.0%; for prostate: 24.8% versus 30.9%).

A report published by the Manitoba Metis Federation in 2011 examined cancer incidence

in Manitoba residents over the period from 1998-2007. The study population covered 2,551 cancer cases among Métis and 53,098 cancer cases among all other Manitobans over the ten year-period. This study found a higher rate of lung cancer in Métis compared to all other Manitobans (87.1 versus 67.1 per 100,000). Rates for all invasive cancers, colorectal cancer, breast cancer, prostate cancer, and cervical cancer were not significantly different between the two groups (MMF, et al., 2011).

A study carried out by the Métis Nation of Ontario in 2012 included an analysis of cancer rates for the period 2005-2006 among MNO-registered Métis citizens linked to the Ontario Cancer Registry. It found that the overall incidence of cancer was

² In this report, we use the term ‘Indigenous’ rather than ‘Aboriginal’, in accordance with current practice. Some studies referenced use the term ‘Aboriginal’ instead.

³ Incidence is defined as “a measure of the number of new cases of a characteristic that develop in a population in a specified time period.” (NIMH 2022)

⁴ In Mazereeuw et al. (2018), relative risk is estimated by “comparing the rate of cancer in Métis and non-Aboriginal adults using 2 Poisson models, the first controlling for age and sex, and the second additionally controlling for income and rurality.” An RR of greater than 1 indicates higher risk for Métis people than for non-Indigenous people.

slightly lower among the Métis population of Ontario compared to the general population for the years 2006-2007. However, the report indicates that little significance can be attributed to this finding, since rates were based on small numbers of new diagnoses in the Métis population (MNO 2012b, MNO 2012a).

Several studies show higher incidence of bronchial and lung cancer rates among Métis. Based on data from the Canadian census follow-up cohort (1992-2009), Mazereeuw et al. (2018) found higher incidence of bronchial and lung cancer for Métis nationally (finding a relative risk of 1.34 for Métis compared with the non-Métis population).

As previously noted, the 2011 study by Manitoba Metis Federation found higher lung cancer rates among Manitoba Métis compared with other Manitobans (MMF et al., 2011). Sanchez-Ramirez et al., 2016 studied cancer incidence and mortality among Métis people in Alberta from 2007 to 2012 and found significantly higher incidence of bronchial/lung cancer for Métis men compared with their non-Métis counterparts (relative risk of 1.69). No other statistically significant differences in cancer incidence or mortality were found (Sanchez-Ramirez et al., 2016).

In addition, Withrow (2016) found that lung and bronchial cancers made up a larger proportion of the top four cancer types for Métis people compared with non-Indigenous people nationally. PHAC 2018 found that areas with high concentrations of Métis people are correlated with higher rates of lung cancer (the correlation being even stronger for Inuit and First Nations people).

For Canadians overall, lung cancer has the highest incidence of any cancer. A 2020 Canadian Cancer Society report provides recent lung cancer data for Canadians overall up to 2016-17, using data from Statistics Canada, the Canadian Cancer Registry database, and the Canadian Vital Statistics Death Database. The study notes that lung cancer has both the highest incidence and the highest

mortality among Canadians overall. At the same time, lung cancer incidence has been decreasing for both males and females. Among males, lung cancer incidence has decreased 41% from 1992 to 2016, or -4.0% per year from 2012 to 2016. Lung cancer incidence among females has decreased since 2012 at -1.9% per year. As of 2016, lung cancer incidence was declining for both males and females (CCS, 2020).

Several national-level studies address cancer mortality for Métis people using data from the Canadian census mortality follow-up study. However, the small numbers of Métis cases in the study samples often resulted in limited significance of findings. In addition, data cited tends to be from 2012 or earlier. One provincial-level study addresses mortality in Alberta. No provincial level studies were identified for BC, SK, MN, or ON, indicating a need for greater geographical coverage.

An early study based on the 1991 to 2001 Canadian census mortality follow-up cohort indicates that cancer mortality rates overall for Métis were similar or slightly elevated compared to non-Indigenous members of the cohort (Tjepkema et al., 2009). Overall life expectancy for Métis men and women at age 25 was found to be 3.3 and 5.5 years shorter than for non-Indigenous men and women. Cancer was the second highest cause of death for Métis men (23%), and highest for Métis women (33%). Métis women had elevated rates compared with the non-Indigenous cohort for all cancers combined and most specific cancer sites.

Studies indicate elevated mortality for Métis people for some cancers, particularly prostate and lung cancer.

More recent studies (Mazereeuw et al., 2018; Withrow, 2016) have found lower survival rates among Métis for prostate cancer in particular. These studies show higher mortality rates among Métis for other cancers as well (lung and bronchial, breast, cervical, colorectal), but the results are not statistically significant due to the small number of Métis cases in the study samples. Mazereeuw et al., (2018) analyzed cancer mortality data from

the Canadian census follow-up cohort (1992-2009), and found lower survival for Métis people for prostate cancer. Survival was also lower for Métis people with breast and colorectal cancer, but the results were not statistically significant.

Withrow (2016) conducted an analysis of cancer mortality among First Nations and Métis people using the follow-up to the 1991 census mortality cohort. The study found higher mortality rates within 5 years for Métis people for lung and bronchial cancer, breast cancer, cervical, and prostate cancer compared with the general Canadian population. The associations remained after taking rurality and income into account.

However, the association between mortality and Métis status was only found to be significant for prostate cancer, where mortality was 3.58 times higher than for non-Indigenous people. For other cancers, the study population and number of Métis cancer deaths was too small to determine a statistically significant association.

A provincial study in Alberta by Sanchez-Ramirez et al. (2016) found that bronchial/lung cancer was the highest cause of cancer-related death for both Métis and non-Métis people, and that Métis people are at greater risk of dying from bronchus/lung cancer. No other statistically significant differences in cancer incidence or mortality were found. Overall cancer incidence and mortality were comparable between Métis and non-Métis groups.

Several studies provide data on screening uptake for certain cancers for Métis people. The research identified was limited to Ontario. This indicates a need for greater geographical coverage. There is a lack of studies specifically examining lung cancer screening. No evidence was found concerning cancer treatment rates or the effectiveness of treatments. In addition, the data that exists is older, from 2012 or earlier.

From the studies that were reviewed, there was no evidence identified on differences in screening uptake between Métis people and non-Métis people. Some evidence suggests that Métis women in Ontario are less likely to have had a mammogram within the recommended intervals, less likely to have had a pap test, and more likely to have had a Fecal Occult Blood Test (MNO, 2012a; Withrow et. al., 2014).

Cancer risk factors for Métis people identified in the literature include smoking, alcohol consumption, weight/obesity, lack of physical activity, and unhealthy eating habits. Elevated rates of tobacco use among Métis people contribute to explaining the elevated rates for some cancers.

Studies provided no evidence concerning differences in screening uptake between Métis people and non-Métis people.

A number of barriers and facilitators may affect screening uptake among Indigenous Peoples, including accessibility, education, and availability of culturally appropriate information (Hutchinson et al., 2018).

What do we know about cancer risk factors for Métis people, and about tobacco use as a specific cancer risk factor?

Several studies were found which examined multiple risk factors for cancer among Métis people at a pan-Canadian level, and which point to areas of difference and similarity between Métis and non-Métis populations for the different risk factors. Major causes and risk factors for cancer identified in the literature include smoking, alcohol, weight/obesity, lack of physical activity, and unhealthy eating habits (or insufficient fruit and vegetable consumption).

Studies and guides addressing the cancer journey emphasize the importance of family, community, and other forms of support. In addition, there are a number of sources examining the benefits of patient navigator programs for Indigenous people.

Disparities in smoking rates between Métis and non-Métis people are discussed in detail in section 3.2.

Several studies indicate that Métis adult males in Ontario are more likely to drink in excess of recommended cancer prevention limits than non-Indigenous adult males (CCO, 2015; Withrow et al., 2014; MNO, 2012a; CQCO, 2019). CCO's 2015 study, based on annual CCHS surveys for the years 2007-2012, found that more Métis adults exceed cancer prevention limits for alcohol consumption than non-Métis adults. Fifteen percent of Métis males exceed cancer prevention limits, versus 10% of non-Indigenous males. Ten percent of Métis females exceed cancer prevention limits, versus 8.7% of non-Indigenous females. Withrow et al. (2014) found that Métis and First Nations men were significantly more likely than non-Indigenous men to surpass cancer prevention limits, but that the difference was no longer statistically significant when controlling for socio-economic differences.

Several studies, focused on Ontario, indicate that rates of obesity among Métis adults are significantly higher than among non-Indigenous adults (CCO, 2015; Withrow et al., 2014; MNO, 2012a; CQCO, 2019). Withrow et al. (2014) found that First Nations and Métis adults were twice as likely to be classed as obese compared with non-Indigenous adults. Métis adults are also

somewhat more likely to eat less than the recommended amounts of fruits and vegetables per day (CCO, 2015; Withrow et al., 2014). Studies found similar levels of risk between Métis people and non-Métis people for lack of physical activity (CCO, 2015; Withrow et al., 2014).

Several studies explicitly point to higher smoking and obesity rates for Métis people as being partly explanatory for elevated rates of some cancers. For example, Mazereeuw et al. (2018) state that the prevalence⁵ of smoking and obesity among Métis may explain higher rates of lung, breast, and some other cancers in Métis adults. MNO (2012a) indicates that higher rates of smoking and obesity in Ontario Métis people are likely to result in increased risk of cancer. Interventions to reduce these modifiable risk factors are seen as having benefits in reducing cancer incidence as well as the incidence of other chronic diseases.

What do we know about what the cancer care journey is like for Métis people?

A number of sources discuss qualitative aspects of the cancer journey and experience specific to Métis people, as well as barriers that Métis people face in accessing treatment. Geographical coverage of sources identified is fairly wide, including pan-Canadian studies and studies centering on Alberta, Saskatchewan, Manitoba, and Ontario.

MNA has published a cancer wellness guide (MNA, 2021) based on engagements with Métis cancer patients and caregivers in Alberta. The engagements provide a qualitative picture of how patients and caregivers experience distinctive aspects of the cancer journey at the screening, treatment, and post-treatment stages. A number of themes emerge across these stages. At the screening and diagnosis stages, the wellness guide points to the importance for patients of early prevention, being proactive, self-advocacy, identifying sources

Barriers to accessing cancer care may include geographical remoteness, coordination issues in the healthcare system, lack of culturally relevant information, level of community awareness, and lack of patient identifiers.

⁵ 'Prevalence' is defined as "the proportion of a population who have a specific characteristic in a given time period." (NIMH, 2022)

⁶ While the literature review for this report mainly covers documents from 2010-2020, this cancer wellness guide prepared by MNA was published in 2021. It was in preparation during the period covered by the literature review.

of resilience and strength, and seeking support with changes in lifestyle. At the treatment and post-treatment stages, themes discussed in the guide include respect for traditional medicine, ‘whole-person’ treatment (including “physical, mental, emotional, and spiritual needs in their treatment plan”), maintaining a positive outlook, finding sources of support (including culture and community), celebrating milestones, adapting to changes, and sharing one’s journey with others. For caregivers, the wellness guide discusses impacts such as fear, uncertainty, and caregiver burnout, and again emphasizes sources of support such as culture and community.

Several additional studies further emphasize the role of family and community support in the cancer journey for Métis and other Indigenous people. A study of cancer journey narratives from Indigenous patients emphasized family and community support as priorities for these patients (Roberts et al., 2020). A study of Métis patients with chronic disease in Manitoba identified the importance of community support, community knowledge, and cultural competency (MMF, 2013). Likewise, CCO (2015) indicates that community and family-based interventions are most likely to resonate with Métis patients.

Research on patient navigator roles indicates that these services can have strong benefits for Indigenous patients. A study of CCO Indigenous Navigators in Ontario found that patient navigators provide support and advocacy, address cultural and spiritual needs, and facilitate culturally safe journeys for First Nations, Inuit, and Métis individuals and families (Sheppard et al., 2019). Haver (2014) conducted a literature review on cancer patient navigation services to provide evidence of the outcomes of these services for First Nations and Métis patients. The study found evidence in the literature for a number of positive outcomes of cancer patient navigation for Indigenous Peoples, including fewer treatment delays, improvements

in breast cancer screening adherence, greater awareness of cancer care, improved patient satisfaction, and improved cultural competency. It also noted that there is a significant literature gap concerning patient navigator outcomes for First Nations and Métis people.

Several sources identify geographical remoteness as a potential barrier in the cancer journey for some Métis patients. CPAC (2014) note that most Métis people live in semi-rural or urban areas, but that those living in rural, remote, or isolated areas may have less access to care, including screening and diagnostic testing. CCO (2015) likewise notes that Métis citizens are often less likely than non-Indigenous citizens to be able to access primary care. This study points to a need to improve access to prevention supports, screening, diagnostics, and treatments to reduce cancer incidence and improve outcomes. Ahmed et al. (2015) discusses accessibility challenges to cancer care for First Nations and Métis people more broadly, pointing to issues such as long travel distances, lack of primary care providers in communities, costs of care, and inequitable treatment.

As discussed further in section 4.1, two cancer transportation programs were identified which specifically serve Métis patients: the Compassionate Care program delivered in Alberta by MNA, and a Cancer Transportation Pilot Program delivered in Saskatchewan by MN-S. Lack of transportation and accommodations for cancer patients is a significant barrier in the cancer journey.

CPAC (2014) identifies coordination of care within the healthcare system as an issue for Métis patients. In particular, lack of communication and coordination between primary (community) and tertiary (hospital) healthcare providers can complicate the cancer journey and continuity of care. The Métis Nation has identified limitations of available services to Métis citizens within hospital and other care facilities in Métis homeland provinces.

The current state of policy around cancer control and tobacco-related risk factors for Métis people is relatively limited. No specific policies were identified for Governing Members. While Governing Members have undertaken discussions around priorities with CPAC, to date there is no national Métis-specific cancer control strategy or framework.

Sources indicate that a lack of culturally relevant information, as well as a lack of community awareness and cancer education available to Métis citizens, cancer patients and families, can be barriers. CPAC (2014) identifies a lack of Métis-specific culturally relevant information about cancer as a barrier. Ahmed et al. (2015) indicates that barriers for First Nations, Métis, and Inuit people can include limited awareness of screening and treatment options, as well as mistrust of the health care system.

Lastly, ethnocultural identifiers are not captured in most health care systems in Canada, which limits the ability to survey impacts of cancer, design specific programs for Métis people, and coordinate care (CPAC, 2014). Ahmed et al. (2015) notes that lack of Indigenous identifiers limits the effectiveness of research and surveillance. Without direct patient identification, studies are forced to rely on complex linkages between cancer registries and population data, which limits the power of studies.⁷

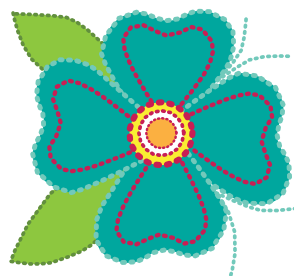
What is the current state of cancer control policy for Métis people?

While there is currently no national cancer control policy for Métis people, there has been work in the past fifteen years by MNC, CPAC, and Governing Members in identifying key priorities and opportunities. The following three initiatives took place during this period:

- In March 2007, the MNC held a National Think Tank towards developing a National Métis Cancer Control Framework and a Plan of Action (MNC, 2007). The stated goals of the Framework were to “reduce the number

of Métis diagnosed with cancer,” “enhance the quality of life of Métis living with cancer,” and “lessen the likelihood of Métis dying from cancer.”

- A Strategic Planning meeting was held in July 2015 between CPAC, MNC, and Governing Members to identify Métis Nation priorities and inform CPAC’s collaborative efforts (MNC, CPAC, 2015). Discussions identified a broad set of key priorities, including the need for a distinctions-based approach for Métis people; the need for a holistic Métis social determinants of health approach; funding, engagement, and capacity building for Governing Members in their work with CPAC; empowering Métis patients through education, awareness, and accessibility to screening and transportation services; cultural competency training for health care professionals; building Métis research capacity, transportation supports, and programs to support health benefits; and the need for Métis case workers and counsellors in the healthcare system to help patients to navigate the cancer journey.
- The 2019-2029 Canadian Strategy for Cancer Control was published by CPAC in 2019, with input from First Nations, Inuit, and Métis. It identifies Peoples-specific priorities and actions for the three Peoples. As shown in Table 1, the priorities and actions in this strategy encompass culturally appropriate care, self-determination, and self-governing data systems, and acknowledge the importance of addressing and eliminating systemic racism within the health system.



⁷ Governing Members have also pointed out that many Métis people are reluctant to identify as such when seeking medical care, because they do not want to receive substandard care due to systemic racism. Thus, there is a larger context of systemic racism and need for cultural safety which must be understood in considering introduction of a patient identifier system.

Table 1: Priorities and Métis-specific actions, 2019-2029 Canadian Strategy for Cancer Control

Priorities	Métis-specific actions
Priority 1: Culturally appropriate care closer to home	<ol style="list-style-type: none"> 1. Provide equitable access to resources, programs and care across the cancer continuum. 2. Create a wholistic system that is responsive to Métis culture. 3. Recognize and eliminate racism within the system. 4. Improve access to basic health supports. 5. Improve understanding of cancer and the cancer journey.
Priority 2: Peoples-specific, self-determined cancer care	<ol style="list-style-type: none"> 1. Design and deliver Métis-determined programs and services. 2. Reduce jurisdictional barriers and improve communication, navigation, and coordination.
Priority 3: First Nations-, Inuit-, or Métis governed research and data systems	<ol style="list-style-type: none"> 1. Collect Métis-specific data and develop Métis-determined indicators and outcomes. 2. Invest in Métis research capacity.

Although, as of the time of this report, there is no Métis-specific cancer control policy or Framework, there are several examples where Governing Members have entered into agreements with their jurisdictional cancer agencies. For example, Métis Nation–Saskatchewan has signed a Memorandum of Understanding and data-sharing agreement with Saskatchewan Cancer Agency to establish a framework for a Métis-specific cancer strategy. Métis Nation of Alberta has a partnership agreement with Cancer Care Alberta to include Métis-specific considerations and recommendations into their Provincial Indigenous Cancer Care Strategy.

Policy directions suggested in reports on cancer among Métis people include:

- Strong need for targeted smoking cessation programs for Métis people to address higher rates of bronchus/lung cancer. (Sanchez-

Ramirez et al., 2016; Mazereeuw et al., 2018; MMF, 2011; CCO, 2015; CQCO, 2019; Kewayosh, 2015)

- Improved information systems and registries, including Métis patient identifiers. (MNO, 2012a; Mazereeuw et al., 2018; Kewayosh, 2015)
- Improved screening programs, including lung cancer. (Mazereeuw et al., 2018; CCO, 2015; CPAC, 2020b)
- Policies and programs to improve accessibility of cancer treatment for Métis patients, particularly those in remote areas. (CCO, 2015; CQCO, 2019; CPAC, 2020b)
- Policies and programs to address cultural competence among care providers. (CCO, 2015; Ahmed et al., 2015)

3.2. Tobacco use in the Métis Nation

This section addresses the following five questions:

- What do we know about rates of tobacco usage rate, start-up rates, cessation rates, and intervention rates?
- What do we know about major diseases linked with tobacco use among Métis people?
- What do we know about vaping among Métis people?
- What do we know about what the smoking cessation and prevention journeys are like for Métis people?
- What is the current state of tobacco policy for Métis people?

What do we know about tobacco usage rates: start-up, cessation, and intervention rates?

Data on Métis smoking rates is available at the national and provincial levels. However, the most robust national-level data is very dated, coming from the 2006 Aboriginal Peoples Survey. Provincial-level data is more limited in scope, and the majority of studies are restricted to Ontario. The CCHS, which has been used in a number of Ontario studies, suffers from small Métis sample sizes. The CCHS data in the studies reviewed is also relatively dated, from 2014 or earlier.

National-level data from the 2006 Aboriginal Peoples Survey indicated that smoking rates among Métis adults and youth were higher than non-Indigenous adults and youth. According to the 2006 APS, 31% of Métis adults were daily smokers compared with 17% of Canadian adults as a whole (Vides, 2019).

A study in 2010 indicated that the percentage of current smokers among Manitoba Métis was 33.3%, compared to 21.7% for all other

Manitobans (MMF et al., 2010). A 2010 Saskatchewan survey showed high rates of smoking among Métis females (53.27%) and males (55.16%) (Vides, 2019).

Multiple studies indicate that Métis adults in Ontario are significantly more likely to smoke than non-Indigenous adults (CCO, 2015; Withrow et al., 2014; MNO, 2012a; CQCO, 2019). CCO's 2015 study, based on annual CCHS surveys for the years 2007-2012, found that on average, over the five years, 40% of Ontario Métis males smoked cigarettes daily or occasionally, versus 26% of non-Indigenous males. Thirty-four percent of Ontario Métis females smoked cigarettes daily or occasionally, versus 18% of non-Indigenous females.

Withrow et al. (2014) found that First Nations and Métis adults were significantly more likely to smoke than their non-Indigenous counterparts. Métis men were over twice as likely to smoke as non-Indigenous men, and Métis women were 2.5 times as likely to smoke as non-Indigenous women.

National and provincial-level data indicate that smoking rates for Métis people are higher than for non-Indigenous people, generally on the order of 1.5 to 2 times as high. Studies show an overall decline in Métis smoking rates among adults and youth during the last 20 years.

MNO's 2012 study compares cigarette smoking between Métis people and the general Ontario population, using data from the 2006 APS and the 2005 CCHS. Prevalence of self-reported smoking was significantly higher among Métis people compared with the general Ontario population (37% versus 30% for men; 36% versus 22% for women). Results from the CCHS (2007 to 2014) indicate that cigarette smoking was significantly higher among Métis adults and adolescents in Ontario (36% and 16%) compared

with non-Indigenous adults and adolescents (21% and 7%) (Cawley et al., 2018).

Studies show an overall decline in Métis smoking rates among adults and youth during the last twenty years. The Aboriginal Peoples Survey indicates that, nationally, the percentage of Métis adults who smoked daily declined from 37% in 2001 to 31% in 2006 (Statistics Canada, 2009).

Data from the Canadian Student Tobacco, Alcohol and Drugs Survey indicates that prevalence of smoking among Indigenous students decreased from 24.9% to 20.5% between 2008/09 and 2014/15 (Sikorski, 2019).

Evidence also indicates that smoking rates among Métis adults in Ontario declined between 2007 and 2014 (CCO, 2015; CQCO, 2019). CCO’s 2015 study cites the CCHS for 2007-2012, showing that the percentage of Ontario Métis adults who smoke declined from 44% in 2007 to 32% in 2012, whereas the smoking rate among non-Indigenous Métis adults remained relatively constant. This trend is exhibited in Figure 2.

Further research is needed to identify the specific reasons for the decline in smoking rates among Métis people, as well as the effectiveness of various smoking cessation interventions. From the studies available, there appear to be corresponding declines in smoking rates among First Nations people. For instance, Cawley et al. (2018) present data from the First Nations Regional Health Survey (FNRHS) and CCHS showing that smoking rates among off-reserve

There is limited data concerning smoking start-up rates for Métis people, but some evidence that the age at which Métis youth begin smoking is rising.

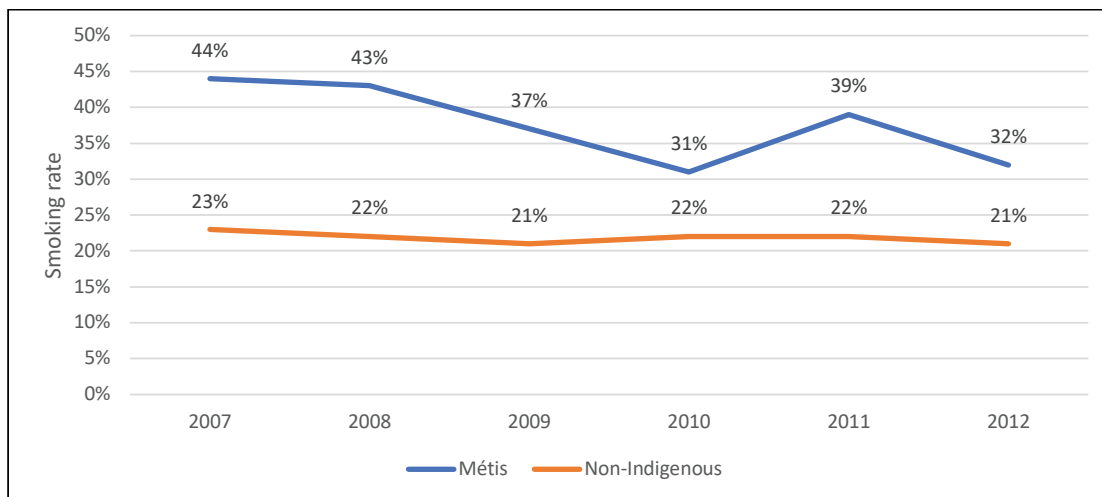
There is limited data concerning smoking cessation rates for Métis people, but evidence of an overall decline in the smoking rate over the last two decades.

First Nations Ontarians declined from 51% to 39% between 2007 and 2013. The decline in the Métis smoking rate may therefore be attributable in part to a broader decline in smoking across Canada. Additionally, there has been an increase in vaping rates in recent years, which may have affected smoking rates as well. More investigation is needed to better understand these different trends, as well as the impacts and effectiveness of Métis-specific smoking interventions.

There is limited data concerning smoking start-up rates, or the ages when individuals begin smoking. Studies by McCreary Centre Society in British Columbia provide some indication of smoking start-up rates. Geographical coverage is limited to these BC studies. According to the McCreary Centre reports, the most common age at which Métis youth in BC begin smoking increased, rising from 13-14 in 2016, to 14-16 in 2018 (McCreary Centre Society, 2016, 2019).

Limited information concerning smoking cessation rates for Métis people was found in the literature reviewed. Findings suggest a need for more

Figure 2: Smoking rates for Ontario Métis adults (from CCHS surveys 2007-2012)



Source: CCO (2015), using data from CCHS surveys 2007-2012. The study notes that the Métis rates for 2009 and 2010 suffer from high sampling variability and should be interpreted with caution.

research on smoking cessation rates for Métis nationally and in provincial Métis jurisdictions.

As discussed previously, data from the APS and CCHS do suggest an overall decline in smoking rates. Métis adults who smoked daily declined from 37% in 2001 to 31% in 2006 (Statistics Canada, 2009). Smoking among Métis adults in Ontario decreased from 44% in 2007 to 32% in 2014 (Cawley et al., 2018). In addition, a study of Métis youth in British Columbia suggests that 23% of Métis youth who attempted to quit in the previous year succeeded (McCreary Centre Society, 2016).

What do we know about major diseases linked with tobacco use among Métis people?

Limited information was found in the review concerning the links between major diseases/conditions and smoking specifically for Métis. Several studies were identified which link smoking to major diseases. In particular, smoking is linked with COPD, asthma, cardiovascular disease, diabetes, and cancers. Elevated rates of COPD in First Nations, Métis, and Inuit communities are believed to be linked to smoking rates (Vides, 2019).

What do we know about vaping among Métis people?

Very few studies were identified which provide data on vaping rates among Métis people. Only one study was identified in BC which provides data on vaping among Métis youth. This suggests a strong need for more research and data on Métis vaping rates, as well as a need for Métis-specific programs to support youth.

In general, smoking is linked with COPD, asthma, cardiovascular disease, diabetes, and cancers.

There is limited research and data concerning vaping for Métis people. A BC study suggests that vaping rates and usage are increasing among Métis youth in British Columbia. Evidence also shows that vaping is now the most common tobacco product used by youth.

Very little information was found in the literature reviewed concerning the smoking cessation and treatment journey for Métis people. Several studies indicate factors which are correlated with smoking cessation for Métis people. No information was found concerning the smoking prevention journey for Métis people.

Data from the McCreary Centre in British Columbia indicates that vaping rates among Métis youth are very high and vaping is the most common tobacco product used by youth among both Métis and non-Métis. Thirty-two percent of Métis youth had vaped with nicotine in the previous month, 28% of Métis youth had vaped without nicotine, and 42% of 17- and 18-year-olds had vaped with nicotine (McCreary Centre Society, 2019).

Studies suggest that vaping use appears to be on the rise among Canadian youth more broadly. Hammond et al. (2017) found that past-30-day e-cigarette usage among Ontario and Alberta students increased from 7.2% to 9.7% from 2013/14 to 2014/15.

What do we know about what the smoking cessation and prevention journeys are like for Métis people?

Several studies offered findings on factors associated with non-smoking among Métis people. Factors that may contribute to lower rates of smoking include:

- Spirituality and religiosity (Ryan et al., 2015)
- Higher household income, greater education, higher self-perceived health, and greater physical activity participation (Ryan et al., 2015)
- Among high school students: participating in school-based extra-curricular activities, and living in a smoke-free home (Bougie et al., 2018). This study also found that high school students are more likely to smoke if they have close friends who engage in risk behaviour.

What is the current state of tobacco policy for Métis people?

As of 2021, there is no guiding tobacco policy or strategy specifically for Métis people. Work is in progress by the Governing Members of the Métis Nation and the Métis National Council to develop a Métis Nation Tobacco Strategy, which will be the first tobacco strategy for the Métis Nation (Métis Nation Health Committee, 2020). This will be the first tobacco strategy for the Métis Nation.

As of 2021, there is no guiding tobacco policy or strategy specifically for Métis people. Work is in progress to develop a Métis Nation Tobacco Strategy.

3.3. Research gaps and recommendations

What should be the priorities for future research on cancer and tobacco risk factors for Métis people?

Some recommendations for future research were identified in the existing literature. As noted previously, there are a number of gaps in the available research as well as areas where research is either dated or partial. Some examples of possible research priorities and needs are provided in Table 2.

TABLE 2: Research priorities and needs

- There is a need for robust data concerning tobacco usage, and smoking rates, cancer incidence, risk factors, and mortality for Métis people. Available research relies on older data sources such as the 2006 APS, or CCHS cohorts from 2014 or earlier. Mazereeuw et al. (2018) indicates a need for further research on cancer survival disparities.
- In addition, the data on tobacco usage and smoking rates among Métis people is relatively dated, relying on older surveys. There is a need for updated data to reflect more recent trends.
- Several sources indicate a need to expand Métis registries, develop more comprehensive health information systems that include Indigenous identifiers, maintain ongoing research and surveillance, and develop common standards for data collection and reporting (MNO, 2012a; Mazereeuw et al., 2018; Kewayosh, 2015; Ahmed et al., 2015).
- Despite some information on barriers faced by Métis cancer patients within the healthcare system, there is an ongoing need to better understand the distinct experiences of Métis patients, including dimensions such as social supports and palliative care.
- There is currently very little information on the smoking cessation and prevention journeys for Métis people. There is a need for more research on smoking cessation for Métis nationally and in all regions, as well as possible regional differences in the smoking cessation journey. Additionally, there is a need to better understand the specific reasons for the decline in smoking rates for Métis people, the effectiveness of various interventions, and the relative contributions being made by prevention and cessation/treatment initiatives.
- Sources point to the importance of participatory research, respecting principles such as OCAS concerning ownership and sovereignty of data (MMF, 2010; Ahmed et al., 2015).^{8,9}
- There is a strong need for Métis-specific data on vaping trends and rates, as well as on smoking cessation and the effects of vaping on health. While some research on Métis youth vaping rates is available, there is a need for more complete data for target populations such as youth who have never smoked tobacco.
- Beyond the specific scope of cancer and tobacco risk factors, the MNC believes that there is a strong need for further national papers to focus on a range of health issues in the Métis Nation. There is a need to continue funding opportunities for national-level research. In addition, there are opportunities to create additional information resources (e.g. one-pagers) to highlight these health issues and make information more widely available to the public.

⁸ OCAS (Ownership, Control, Access, and Stewardship) is a set of principles that has been proposed for Métis-centered research. It is used in the report Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study (MMF, 2010). MN-S has noted that they currently have a partnership to develop SK Metis Health Research and Data Governance Principles.

⁹ Several Governing Member representatives have indicated that they carry out community-engaged research rather than participatory research, stating that participatory research is often not feasible at the scale of provincial Métis jurisdictions.



A number of cancer patient support programs and services were identified, including cancer information, cancer patient transportation services, patient navigators, and services generally aimed at cancer prevention and treatment support.

4 Programs and services

This section presents an overview of programs and services as of March 2021. Section 4.1 focuses on cancer programs and services. Topics include: cancer patient support services; cancer research, planning, and strategy; and cancer screening and prevention. Section 4.2 focuses on tobacco programs and services. Topics include: quitlines, Métis-focused tobacco cessation programs, and tobacco cessation programs and resources for Métis, Inuit, and First Nations people. Section 4.3 discusses programs and partnerships in progress.

4.1. Cancer programs and services

This section addresses the following two questions:

- What is the landscape of cancer programs and services available for Métis people?
- What do we know about the effectiveness and delivery of cancer programs and services, including those related to the cancer journey?

What is the landscape of cancer programs and services available for Métis people?

Programs for Indigenous people, including Métis, were identified in Alberta, British Columbia, Manitoba, Ontario, and Saskatchewan.

The scan identified the following programs and resources focusing specifically on Métis people:

- Two cancer transportation programs:
 - ∞ Compassionate Care: Cancer Transportation Pilot Program, delivered by MNA
 - ∞ MN-S Cancer Transportation Pilot Program, delivered by MN-S
- Miyooayaan (Wellness) – A Métis guide for wellness with Cancer, produced by MNA
- “Living with Cancer” information resources produced by MNBC
- Cancer prevention and treatment support delivered by MNO and Cancer Care Ontario’s Indigenous Cancer Care Unit

The scan identified three Indigenous cancer patient support programs that include Métis patients:

- Underserved Populations Program, delivered by Cancer Care Manitoba
- Indigenous Cancer Health resources, provided by Alberta Health Services
- Indigenous Cancer Care Unit at Cancer Care Ontario

Patient navigator services which take a pan-Indigenous approach (not specific to Métis) were identified at Alberta Health Services and Cancer Care Ontario.

The scan identified the following examples of cancer research and planning activities:

- BC Cancer’s Indigenous Cancer Control program, delivered in collaboration with First Nations Health Authority (FNHA), Métis Nation British Columbia, and the BC Association of Aboriginal Friendship Centres
- Métis Nation of Ontario works closely with Cancer Care Ontario’s Indigenous Cancer Care Unit on research projects towards developing cancer services for Indigenous people.
- Activities under Métis Nation of Alberta’s cancer portfolio include a partnership with Cancer Care Alberta to develop recommendations to inform CCA’s strategy, and partnerships with Alberta Health Services and University of Calgary to explore screening incidence.
- Saskatchewan Cancer Agency First Nations and Métis Surveillance Program, undertaken from 2014-2017

Programs and activities relating to cancer research and planning that include a Métis component were identified in British Columbia, Alberta, Ontario, and Saskatchewan.

There are no organized lung cancer screening programs in Canada. Several pilot studies are in progress, including the BC Lung Screen Trial, which includes a specific Métis-focused social media strategy.

A 2020 report prepared by CPAC, *Lung Cancer Screening in Canada: Environmental Scan*, found that there are currently no organized lung cancer screening programs in Canada. Four jurisdictional lung cancer screening pilot studies were identified as in progress, two that include supports for lung cancer screening among First Nations, Inuit, and Métis individuals in Ontario and British Columbia, and one pan-Canadian study was identified as completed. The BC Lung Screen Trial includes a specific Métis-focused social media strategy.

What do we know about the effectiveness and delivery of cancer programs and services, including those related to the cancer journey?

The program scan and literature review did not yield any information concerning the overall effectiveness of the current suite of cancer programs and services for Métis people. This gap in information points to a need to support Métis capacity for evaluation of programming.

4.2. Tobacco programs and services

This section addresses the following two questions:

- What is the landscape of tobacco programs and services available for Métis people?
- What do we know about the effectiveness and delivery of tobacco programs and services, including those related to the smoking cessation and prevention journeys?

What is the landscape of tobacco programs and services available for Métis people?

A recent environmental scan conducted by CPAC breaks down quitline services in all provinces and territories. Quitlines are telephone services which provide support and information for quitting tobacco or nicotine use. As of 2019, there were no quitline services specifically tailored to

As of 2019, there were no quitline services specifically tailored to Métis people. Quitline services with resources tailored to Métis, Inuit, and First Nations people are available in Yukon, Northwest Territories, British Columbia, Saskatchewan, Manitoba, Ontario, New Brunswick, and Prince Edward Island.

Métis people. Quitline services with resources tailored to Métis, Inuit, and First Nations people are available in Yukon, Northwest Territories, British Columbia, Saskatchewan, Manitoba, Ontario, New Brunswick, and Prince Edward Island. Services were available in an Indigenous language for all services apart from those in Quebec, Nova Scotia, and

Newfoundland, and may vary by geography for the Pan-Canadian Quitline.

Cultural competency training for quitline staff was available for all services apart from those in Quebec and Newfoundland, and may vary by geography for the Pan-Canadian Quitline.

The Talk Tobacco program is offered through Smokers' Helpline by Canadian Cancer Society, and is specifically focused on Indigenous people. Talk Tobacco connects callers with Quit Coaches who are specifically trained to respond to Indigenous clients. Services are offered in 16 Indigenous languages, including Michif.

A number of FNIM-focused smoking cessation programs that include a Métis dimension were also identified.

Programs focusing on Métis people are being delivered or developed by Métis Nation of Alberta, Métis Nation British Columbia, and Métis Nation of Ontario. No programs were identified in Manitoba.

Examples of Métis-focused tobacco cessation programs identified include:

- Métis Nation of Alberta is delivering a Virtual QuitCore program in partnership with Alberta Health Services, to help MNA citizens reduce or quit smoking. MNA is also delivering a Quit Retreat program, with includes peer support, being on the land, and living in trapper tents. In addition, key informants with MNA pointed to a partnership in progress with Alberta Blue Cross to deliver nicotine replacement therapy (NRT) for MNA citizens.
- Key informants for Métis Nation British Columbia indicated that MNBC has partnerships in progress with BC Lung and QuitNow on programming, including smoking and vaping.
- Métis Nation–Saskatchewan has undertaken a tobacco cessation strategy.

Métis Nation of Ontario is delivering the MNO Smoking Cessation program. Based on an environmental scan conducted by CPAC, smoking cessation programs with resources available to Métis people along with Inuit and First Nations people were identified in NWT, BC, AB, ON, and NL, as of 2019. Delivery organizations include provincial and territorial governments, cancer agencies, hospitals, addiction treatment centres, and Indigenous organizations.

Examples identified in CPAC's scan include:

Several Métis-focused smoking cessation programs were identified, either currently operating or under development in Alberta, British Columbia, Saskatchewan, and Ontario.

- Stanton Territorial Hospital Smoke-Free Policy and Program, delivered by Stanton Territorial Hospital (NWT)
- Medical Clinic at Vancouver Native Health Society (BC)
- Poundmaker’s Lodge Treatment Centre (AB)
- Aboriginal Tobacco Program, Tobacco-Wise Leads, delivered by Cancer Care Ontario (ON)
- STOP Program: STOP on the Road, delivered by Centre for Addiction and Mental Health, 33 Public Health Units, Aboriginal Health Access Centres, and Aboriginal Community Health Centres (ON)
- Urban Aboriginal Healthy Living Program, delivered by Ontario Federation of Indigenous Friendship Centres (ON)
- Smoke-Free Ontario programming (program names vary), delivered by ten Aboriginal Health Access Centres (ON)
- “It’s time,” delivered by Centre for Addiction and Mental Health (ON)
- Helping Women Live Smoke Free, delivered by Regional Health Authorities and Department of Children, Seniors and Social Development (NL)

What do we know about the effectiveness and delivery of tobacco programs and services, including those related to the smoking cessation and prevention journeys?

The program scan and literature review did not yield any information concerning the overall effectiveness of the current suite of tobacco programs and services for Métis people. This gap in information points to a need to support Métis capacity for evaluation of programming.

4.3. Programs and partnerships in progress

What programs and partnerships relating to cancer and tobacco-related risk factors do Governing Members have in progress?

Discussions with representatives from MNBC, MNA, and MN-S offered a number of examples of programming and partnerships in progress.

- Métis Nation of British Columbia is partnering with BC Lung and QuitNow on programming, including smoking and vaping. An agreement is in place with British Columbia’s Ministry of Health to look at health care utilization.
- Métis Nation of Alberta has partnered with Alberta Blue Cross to access NRT for individuals. MNA is also developing a series of Métis Health Learning Module with University of Alberta Faculty of Native Studies and the Rupertsland Centre for Métis Research. The focus is on Cultural Safety as this was indicated as a key barrier for existing smoking cessation programming. This is part of a wider movement towards adopting language of Cultural Safety rather than Cultural Competency. The MNA is currently offering tobacco supports through a Community Prevention Practitioner (CPP). The CPP, who is a certified tobacco educator, provides facilitation and support for both group and individual smoking reduction or cessation journeys.
- Métis Nation—Saskatchewan has signed a Memorandum of Understanding and data-sharing agreement with Saskatchewan Cancer Agency to establish a framework for a Métis-specific cancer strategy. MN-S has also engaged with Saskatchewan Cancer Agency for a lung cancer prevention project, including raising awareness, prevention, diagnosis, and surveillance. Other discussions have included cultural safety and Indigenous cancer patient navigators.

- MN-S has signed a Memorandum of Understanding with Saskatchewan Prevention Institute (SPI). Collaborations with SPI include developing pamphlets on cancer prevention for Métis audiences and working with Métis youth to develop health promotion awareness materials.
- MN-S is also undertaking a project with CPAC, the Cancer Experiences and Outcomes

Project. This project involves ongoing work to gather information and develop resources to make supports more available to Métis patients and their families.

Governing Members (MNBC, MNA, and MN-S) have indicated a number of examples of programs and partnerships in progress. Governing Members are working on addressing issues such as cultural safety and competency, vaping, programming for youth, data and information sharing, and making resources available to Métis patients.





5 Conclusions

Conclusion 1: There is a strong rationale for maintaining and developing a Métis distinctions-based approach towards cancer, tobacco and the intersection of the two. This should cover the full spectrum of research, data, policy and programming.

The information gathered in this paper confirms that there are significant differences between Métis and non-Indigenous populations on a number of dimensions concerning cancer and tobacco. For example:

- Métis people have higher rates for some cancers, such as lung and bronchial cancer, and elevated mortality for some cancers. Lung cancer has the highest incidence rate and highest mortality rate.
- Smoking rates for Métis people are significantly higher, along with higher rates of other risk factors for cancer including alcohol and obesity.
- In addition to higher risk and mortality rate for cancer, there are also barriers that affect Métis people in accessing cancer care. These include geographical remoteness, coordination issues in the healthcare system, lack of culturally relevant information, and level of community awareness. Many of the barriers faced by Métis people are rooted in colonialism and racism, along with other social determinants of health.
- The cancer journey for Métis people has distinctive characteristics, such as the deep role of family and community support.

These differences confirm the ongoing importance of developing and implementing a Métis-specific focus for both cancer and tobacco.

Conclusion 2: To fully develop and implement such a Métis distinctions-based approach, there are gaps that need to be addressed in the research and data portions of the spectrum.

Adequate research and data are essential for understanding and providing evidence to inform policy and programming. For this to be effective, gaps and deficiencies in the currently available research and data need to be addressed. Research and data needs identified in this report include:

- Lack of Métis Nation citizen identifiers
- Need for more current data to reflect recent trends
- More complete geographical coverage
- Better information around vaping, as well as youth uptake of vaping

There is also a need to connect the data to broader health issues and social determinants of health. Governing Members have emphasized the need to contextualize the factors that contribute to increased risks for Métis people, such as colonialism and racism.

Conclusion 3: To fully develop and implement such a Métis distinctions-based approach, there are gaps that need to be addressed in the policy portion of the spectrum.

Good policy and programming are built upon good evidence from research and data (addressed in Conclusion 2). Therefore, consideration should be given to developing an overall Métis Nation cancer strategy, to fully highlight policy gaps that may be causing barriers for Métis people, as well as to provide guidance and direction to programming and initiatives carried out by Governing Members and other parties serving Métis clients.

As discussed in the literature review, there is currently a lack of an overall Métis Nation cancer strategy. As of 2022, work is ongoing to develop a Métis Nation Tobacco Strategy. There may be an opportunity to collaborate in a similar way in developing an overall policy direction for cancer. In particular, a Métis Nation cancer strategy could build on the priorities and Métis-specific actions already identified in CPAC's Canadian Strategy for Cancer Control.

Conclusion 4: Similarly, there is an ongoing need for a Métis distinction-based approach to programming, and to addressing gaps in programs and services.

The program scan found that cancer patient supports and smoking cessation services specifically for Métis people are limited. For instance, there are no quitline services specifically tailored to Métis people. There is a need to address programming gaps for targeted populations, such as youth, particularly for target groups such as youth and for emerging issues such as vaping. There is a need to address cultural safety and person-centered care in the development of programming.

All of these opportunities for improved programming require sustained funding and support for Métis capacity to deliver programs. There may be opportunities to spread existing programs and services more widely. In addition, there is a need to support Métis capacity for evaluation of programs, to assess how well strategies are working and where they can be improved.

Conclusion 5: Addressing these gaps requires collaboration across the Métis Nation and between the Métis Nation and other governments, parties, and stakeholders.

This may include collaboration on research between the Métis Nation and federal and provincial departments and agencies involved in research and programming (e.g., Tri-Council) and data (e.g., Statistics Canada), research institutions and universities, and researchers and academics. In addition, there may be opportunities for further collaboration to develop policy and programming with partners including provincial cancer agencies and health organizations.

Conclusion 6: This report should be treated as an evergreen document and updated periodically.

This report may provide a useful basis for ongoing information gathering. The findings and conclusions demonstrate the importance of ongoing research and information improvement, including learning more about the distinctive cancer journeys of Métis patients, and ways of improving and filling in gaps in the cancer journey. There may be an opportunity for the Governing Members and MNC to collaborate in developing an ongoing system for capturing the state of programming, services, and research across the Métis Nation, that also reflects the specific plans and priorities of Governing Members.

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