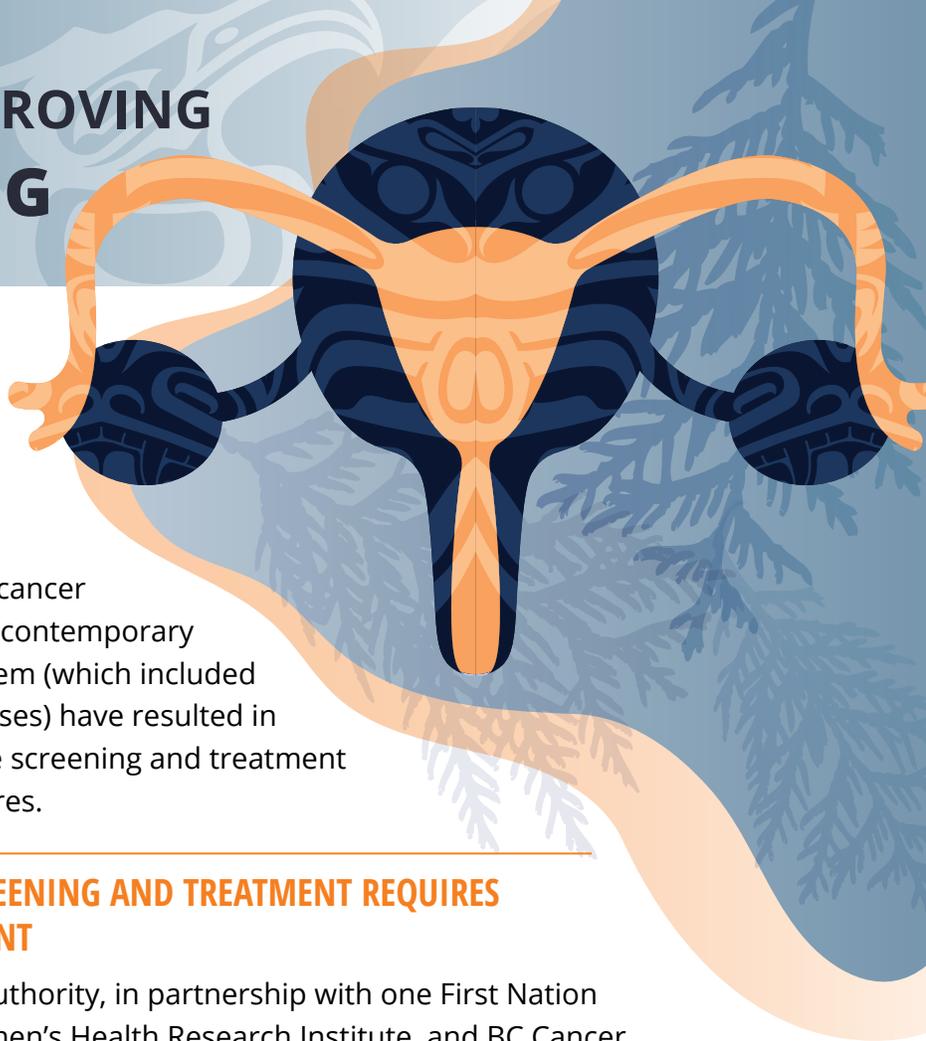


LEARNINGS ABOUT IMPROVING CANCER SCREENING



Engage with community, acknowledge fears, work collaboratively and offer care respectfully.

Cervical cancer is the fourth most diagnosed cancer for First Nations women in BC. Historical and contemporary anti-Indigenous racism in the healthcare system (which included forced sterilizations and other inhumane abuses) have resulted in fear of taking part in reproductive health care screening and treatment such as Pap smears and colposcopy procedures.

IMPROVING CANCER SCREENING AND TREATMENT REQUIRES COMMUNITY ENGAGEMENT



The First Nations Health Authority, in partnership with one First Nation community in BC, the Women's Health Research Institute, and BC Cancer launched a human papillomavirus (HPV) based self-collection pilot project to assess the feasibility and acceptability of the HPV self-screening test for cervical cancer screening among First Nations women.

BEST PRACTICES

Learn about local customs and traditions. Seek permission to engage with matriarchs and Elders.

Understand community fears. Look for ways to offer trauma-informed, culturally safe screening and treatment.

Creativity in health care is required to serve women most in need.

Ensure culturally safe and ongoing follow-up is available.

The most important parts of the pilot project were the months of community engagement, leadership involvement and buy-in, provider outreach, in-person appointments and education. These interactions included acknowledging past and current trauma, demonstrating cultural humility, building trust, respecting local traditions, and finally, embedding the project into the community in ways community members felt comfortable accessing.

PROJECT RESULTS

The pilot project proved feasible and acceptable to one First Nations community. The project also demonstrated that culturally safe colposcopy services are essential. These findings will inform similar projects in the future.