

RESEARCH ARTICLE

Strategies For Improving Access To Cancer Screening Services For Indigenous Women In Canada: A Scoping Review

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ABSTRACT

High cancer rates among Indigenous women are associated with barriers to accessing cancer screening programs. The purpose of this scoping review is to uncover the social, political, and economic barriers that negatively impact Indigenous women's access to cancer screening services. Peer-reviewed literature was screened, yielding 21 studies that met the inclusion criteria. The studies found that many structural barriers affecting Indigenous women are primarily rooted in pre-existing sociohistorical conditions established through colonization and forced cultural assimilation. Barriers include mistrust in the healthcare system, limited access to healthcare services and information, and other healthcare inequities. Health literacy and cultural competency were identified as having the most significant impact on addressing health disparities related to cancer screening uptake. Moving forward, health systems must build upon the existing strengths of Indigenous communities to improve health literacy and incorporate cultural competence into care delivery.

INTRODUCTION

In Canada, Indigenous women experience disproportionate barriers to accessing cancer screening services, resulting in higher incidence and mortality rates from common cancers (e.g., breast and cervical cancers) compared to non-Indigenous individuals [1-3]. Despite significant breakthroughs in cancer research, screening, and treatment, these advancements are not accessible to all populations, and disparities persist [1,4]. These disparities stem from intersecting factors related to historical and ongoing colonial policies such as residential schools, lack of on-reserve screening services, and limited trained healthcare professionals, resources, and

funding [1]. Additional barriers include complex healthcare navigation, historical trauma, and limited culturally safe and accessible care [5,6].

Indigenous women are more likely to be diagnosed with late-stage cancer than non-Indigenous women [1]. Through effective cancer screening programs, early detection can target cases at their most treatable stages and is among the most effective ways to reduce cancer-related morbidity [1]. A multi-faceted approach is needed to address these historical and structural injustices and understand the breadth of this issue. This scoping review was conducted to identify the social, political, and economic barriers that impact cancer screening

accessibility among Indigenous women in Canada.

METHODOLOGY

Two electronic databases, PubMed and Medline (OVID), were screened for peer-reviewed articles using key search terms (Table 1). Reviewers applied the eligibility criteria to a 10-year period to capture the most recent and applicable sources for inclusion (Table 2). The search strategy was not limited by study design, and “cancer screening” was kept broad due to limited literature investigating cancer screening related to Indigenous female health. Additionally, broad search terms were used to include several Indigenous groups across Canada.

Table 1: Key Search Terms

Concept	Indigenous	Cancer Screening	Women	Canada
Search Terms	Indigenous Aboriginal Métis First Nations Inuit	Cancer Screening Prevention Care Testing Services	Women Female	Canada Canadian

Table 2: Inclusion and Exclusion Criteria

Inclusion Criteria
Study focused on Indigenous women in Canada who identified as First Nations, Métis, or Inuit.
Reports and/or research describing the development, planning, outcomes, and societal perspectives of existing cancer screening programs.
Published in the English language.
Published between January 2012 to December 2021.
Exclusion Criteria
Dissertations/theses, commentaries/reflections, research in progress, or conference proceedings/abstracts.
Fees associated with accessing literature.

RESULTS

The search strategy yielded 145 peer-reviewed articles. After screening, 21 studies met the inclusion criteria, and 124 studies were excluded (Figure 1). Included studies were conducted across Canada and reflected data from various Indigenous groups. Studies used a variety of qualitative, quantitative, and mixed methodologies, and some included international groups for comparison [7]. Additionally, three reviews were included [1,6,7]. A variety of female health screening services were examined, with fourteen studies focusing on cervical cancer [2,3,7-18], one study focusing on breast cancer [4], and six studies focusing on multiple types of female cancer screening [1,5,6,19-21]. Studies also investigated program implementation to examine community uptake of screening services [5,10,12,13,18]. Furthermore, several studies explored strategies for tackling barriers affecting Indigenous women’s ability to access cancer screening services [1,2,6,10,13,17].

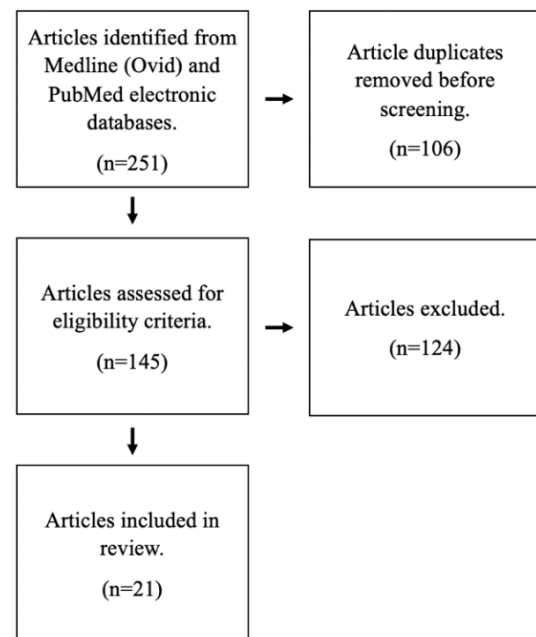


Figure 1: Source selection process

DISCUSSION

Multiple studies revealed that Indigenous women experience significantly more health inequities compared to the general population, especially related to cancer screening [9,13,19,20]. This review uncovered several barriers faced by Indigenous women accessing cancer screening services and highlighted improving health literacy and cultural competency in cancer care as impactful strategies to reduce inequities.

Barriers to Care

This review indicated that Indigenous women face several social, economic, and political barriers to accessing cancer screening services in Canada. Many structural barriers affecting Indigenous women are rooted in pre-existing sociohistorical conditions and government policies established through colonization and forced cultural assimilation of Indigenous Peoples [2]. For example, mandatory relocation to residential schools for Indigenous children contributed to power imbalances that hindered Indigenous women's abilities to access proper healthcare services [13]. Moreover, policies that created jurisdictional divisions between on- and off-reserve Indigenous communities further reduced access to healthcare information [13,11]. These factors have contributed to women's experiences of discrimination and feelings of mistrust towards the healthcare system, deterring cancer screening service utilization and exacerbating healthcare disparities [5,13]. Alongside intergenerational trauma associated with colonization, studies identified other structural barriers faced by Indigenous women, including lack of culturally competent healthcare providers and services, poor health literacy, socioeconomic inequalities, geographical barriers, constraints on resources, and a lack of recall-based screening systems [14,8,5].

Areas of Impact

Health Literacy

Multiple studies highlighted low health literacy as a prominent barrier to accessing cancer screening services for Indigenous women. Tratt et al. indicated that the greatest barrier Indigenous women face towards obtaining screening services was an insufficient understanding of health information [15]. Low health literacy included issues of language barriers, inadequate communication, disparities in accessing technology, and stigmas and sensitivities surrounding sexual health promotion and treatment [7]. Improving health literacy requires a greater focus on education and disseminating screening information to support health system navigation for Indigenous women [5]. Several studies emphasized that providing education through storytelling and visual communication (e.g., pictures) indicated higher levels of screening service engagement [5,10]. Additionally, hosting activities such as community-tailored screening events has been shown to improve attitudes towards cancer screening [13,12].

Cultural Competency

Another area of impact was increasing access to culturally competent care for Indigenous women, whereby awareness campaigns and screening initiatives were common methods of providing effective and accessible messaging [13]. Screening initiatives that account for cultural preferences can empower Indigenous women to take initiative over their health care and increase their trust in healthcare systems [16]. Furthermore, multiple studies highlighted the need for educational programs for healthcare professionals to increase understanding of culturally competent care and structural barriers faced by Indigenous women [8,16,17]. Moreover, these programs are more effective when led or developed in partnership with Indigenous communities [1,17].

Historical factors associated with cultural genocide and experiences of abuse or violence should also be acknowledged, as they can lead to reluctance in accessing cancer services [14]. Evidence indicates screening rates improve when policies and services promote and respect the experiences and values of Indigenous women [11,17]. Additionally, patient-provider trust is a necessary element for fostering patient acceptance of screening processes that may be potentially unfamiliar or invasive (e.g., Pap tests) [5,11,16]. A key component of trusting relationships is effective communication. Tratt et al. indicated that effective healthcare provider communication, specifically visual communication, acknowledged cultural competencies were highly influential towards Inuit women accessing cancer screening services [15]. Other strategies for promoting effective communication included using traditional storytelling methods, hosting face-to-face workshops, and collaborating with a community liaison to address language and cultural barriers [5,10].

Limitations

This scoping review has several limitations. First, many studies had small sample sizes ($n \leq 11$ communities) with participants often from similar cultural groups [2,8,10-18]. This is likely because underscreening remains a prevalent issue within Indigenous communities due to structural barriers and healthcare system mistrust [2,4]. Second, stakeholder groups (e.g., Elders, healthcare professionals) were often unevenly represented, and while conversations were predominantly with women, the voices of young women were often absent [2,4,14]. It is important to understand that one study's results cannot be generalized to encompass all Indigenous women's experiences. Furthermore, studies neglected to educate both males and females about cancer screening services. Third, some studies have highlighted the risk of misclassification, potentially skewing population-based cancer screening registries [4,7]. Misclassification among Indigenous populations can occur due to inaccurate identifications for areas of

Residence, healthcare information, ethnicity, and status [1]. Finally, many study methodologies were subject to self-report bias [3,4,8,9,17,19,20].

CONCLUSION

This review has exposed core social, political, and economic barriers that can reduce Indigenous women's access to cancer screening services and perpetuate health inequities. Moving forward, health systems must build upon the existing strengths of Indigenous communities to improve health literacy and incorporate cultural competence into care delivery. Future policies, programs, and research must aim to reduce the overall burden of cancer within Indigenous communities and strive toward eliminating structural barriers. To address the limitations of current cancer screening initiatives, collaborative efforts must be made to challenge systemic biases within our healthcare system and incorporate diverse perspectives of Indigenous communities into future program implementation.

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