



# Colorectal Cancer in Indigenous Peoples: A Call To Action

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## Statement of the Problem

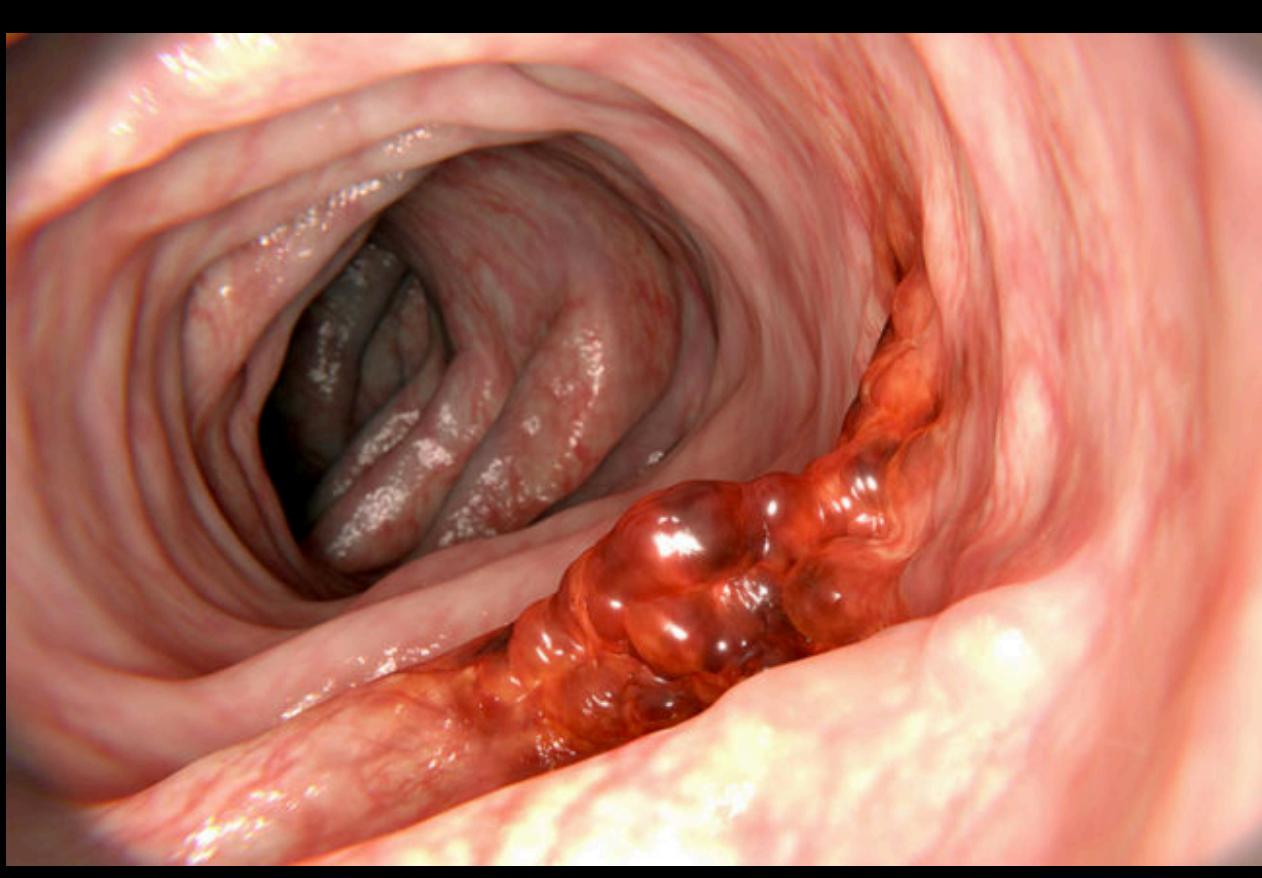
Indigenous Peoples experience greater cancer incidences, mortality, and poorer survival outcomes than non-Indigenous people<sup>12</sup>. Social determinants of health such as food security, colonialism, and lack of health care access experienced by Indigenous Peoples impacts cancer incidence, survival, and prevention<sup>1</sup>. Colorectal cancer (CRC) is the second most common cancer to cause mortality in Indigenous Peoples<sup>10</sup>. There have been significant disparities in CRC outcomes identified among remote and Indigenous residents of the Northwest Territories (NT). CRC is highly curable if detected early, yet lack of access to early detection and further interventions increases mortality rates among Indigenous Peoples.

## Research Question

What strategies can effectively reduce higher colorectal cancer rates amongst Indigenous Peoples?

## Methodology

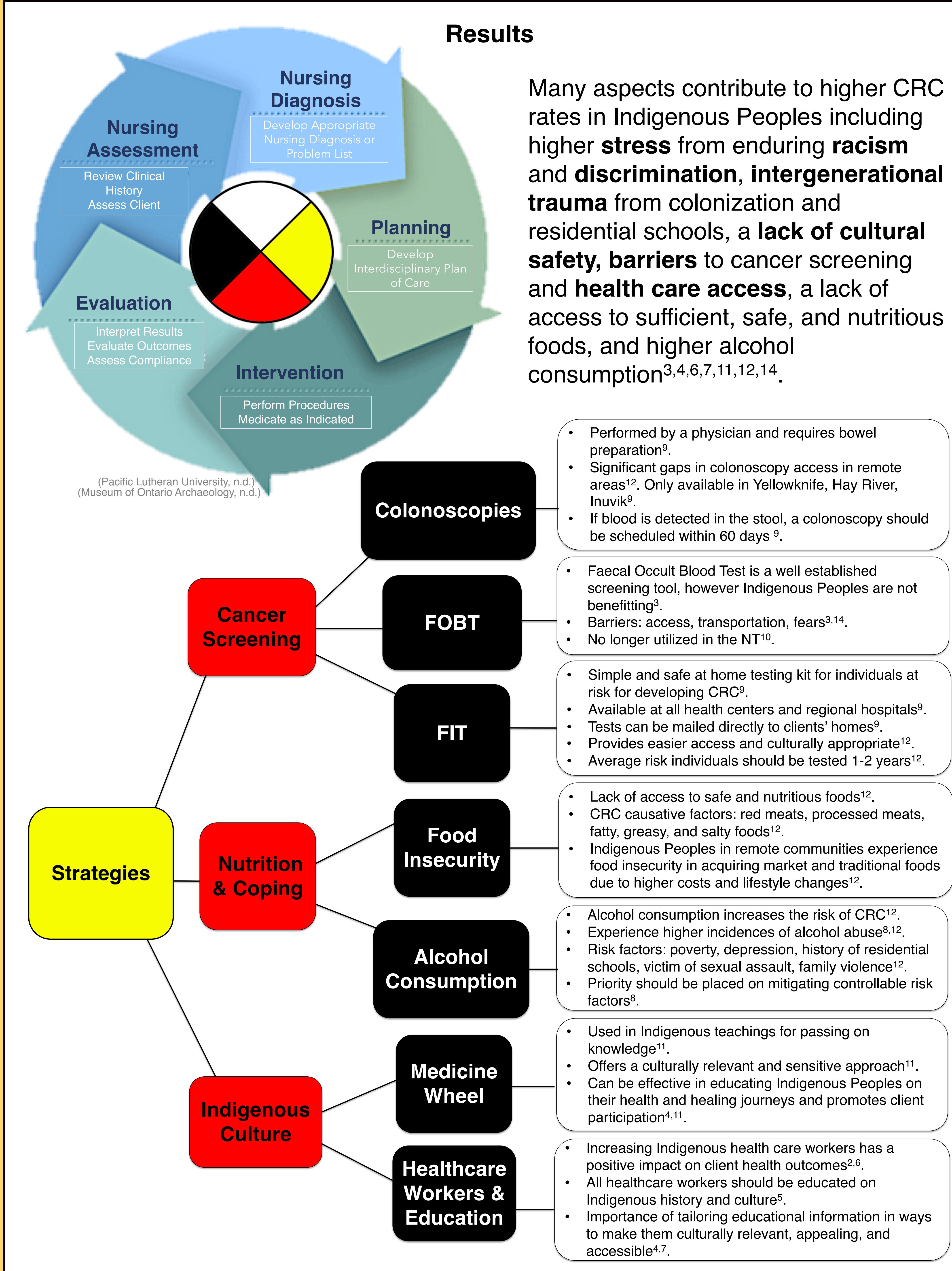
A search for relevant literature was conducted using Medline and CINAHL databases. Criteria for articles included peer-reviewed, published between 2014-2022, English language. Key words used were “Indigenous Peoples”, “colorectal cancer”, “reduce cancer rates”, “colorectal cancer screening”, “holistic wellness”.



(Cleveland Clinic, n.d.)

## Literature Cited

1. Ahmed, S., et al. (2015); 2. Beckett, M., et al. (2021); 3. D'Onise, K., et al. (2020); 4. Fiedeldey-Van Dijk, C., et al. (2017); 5. Gifford, W., et al. (2021); 6. Gurney, J. K., et al. (2020); 7. Hodge, F., et al. (2014); 8. Jamal, S., et al. (2020); 9. Khole, M., personal communication, (November 18, 2022); 10. Northwest Territories Health and Social Services. (2014); 11. Rieger, K. L., et al. (2021); 12. Smith, H. A., et al., (2020); 13. Truth and Reconciliation Commission of Canada (2015); 14. Ward, P. R., et al. (2015).



## Recommendations for Northern Nursing Practice

1. Increase Fecal Immunochemical Test (FIT) in rural and remote communities for Indigenous Peoples. It is convenient, easily accessible and provides the option for clients to stay in the comfort of their own homes.
2. Further research is recommended to support increasing colonoscopy access in rural and remote communities. This will promote clients to seek required follow-up screening if testing positive with a FIT and can reduce the burden of clients having to travel long distances away from home for a colonoscopy.
3. Increasing awareness and education on proper nutrition to prevent CRC is important for rural and remote Indigenous communities. Encouraging Indigenous Peoples to eat more frozen fruits and vegetables, which is a cheaper alternative, and cultural foods such as fish, moose, and caribou meat rather than eating processed meats. Although, further research is required to determine a solution for the lack of access to nutritious and cultural foods.
4. Increasing Indigenous leaders in healthcare which is critical to promote diversity and addressing inequities in this population.
5. Prior to the implementation of the Medicine Wheel in the health care setting, further research must be conducted on who can utilize this tool in the clinical setting to ensure cultural appropriateness.

## Truth & Reconciliation

19. Establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, and to publish annual progress reports and assess long-term trends<sup>13</sup>.
22. Engage those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and the use of them in the treatment of Indigenous clients in collaboration with Indigenous healers and elders<sup>13</sup>.
23. Increase the number of Indigenous professionals working in healthcare, ensure the retention of Indigenous health care providers in communities, and provide culturally competent training for all health care professionals<sup>13</sup>.

## Acknowledgments

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