



Mawlugutinej

Final report

SUBMITTED BY

LISTUGUJ COMMUNITY HEALTH SERVICES AND THE CISSS OF GASPÉSIE

AT

CANADIAN PARTNERSHIP AGAINST CANCER

May 19, 2026

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Thanks



We would like to highlight the valuable contribution of the following individuals who were heavily involved at all stages of the development and implementation of Mawlugutinej, and who are now associated with it:

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- Catherine Leblanc, clinical nurse in oncology
- Sophie Miousse, nurse at the rapid cancer investigation desk
- Hélène Leblanc, pilot in appointment infrastructure support
- Christine Arsenault, Cancer Program Manager

We would also like to emphasize that this project was made possible thanks to a financial contribution from the Canadian Partnership Against Cancer.

Special thanks

We wish to express our deep gratitude to **Scott Martin, Chief of the Mi'gmaq Nation of Listuguj** , to **Martin Pelletier, President and CEO of the CISSS de la Gaspésie** , and to **Dr. Jean Latreille, National Director of Cancerology for Quebec, MSSS**.

Through their leadership, confidence, and commitment to a shared vision based on equity, respect, and partnership, they played a pivotal role in the realization of this project. Their unwavering support helped build bridges between knowledge, cultures, and organizations to develop more humane, accessible, culturally safe, and Indigenous-friendly approaches to cancer screening and investigation.

We sincerely thank them for believing in this innovative approach and for contributing to the advancement of the health and well-being of the members of the Listuguj Mi'gmaq Nation .

The Mawlugutinej project is dedicated to all our loved ones from the Listuguj community who left us too soon because of cancer.

Thank you for guiding and inspiring us on this path of hope.

The Listuguj team



Tracey Metcalfe
DESIGNS
HER SPIRIT

I. INTRODUCTION

Cancer is a significant issue for the Mi'gmaq community of Listuguj, which has expressed a need to reduce the burden associated with this disease and to better understand intervention strategies, particularly in the area of screening. It is in this context that the Mawlugutinej (*Let's Work Together*) project was born, stemming from a shared desire between the Listuguj community and the oncology team at the CISSS de la Gaspésie to reduce cancer rates by focusing on screening strategies adapted to community realities .

Mawlugutinej relied on an integrated health model, based on shared responsibilities between Listuguj's community health services and the CISSS de la Gaspésie. It is part of a self-determination approach, where the Listuguj community ensures the governance, planning, and organization of its cancer screening services. By acting as the lead provider of services within its community, it ensures that these services are aligned with its priorities, values, and culture. For its part, the CISSS de la Gaspésie acts as a support partner, contributing its expertise, resources, and skills .

Beyond developing its service offerings, Mawlugutinej has dedicated itself to tangibly improving access to healthcare. This improvement has been based on reducing barriers—whether geographical, organizational, cultural, or informational—that can limit **community members'** participation in healthcare and screening pathways. Over time, numerous achievements have allowed Mawlugutinej to evolve from a "pilot project" into a self-sustaining and independent Mi'gmaq screening service.

II. AIM

Reducing cancer rates in the Listuguj Mi'gmaq community by improving access to screening services.

III. GOALS

1. To establish a model for the delivery of cancer screening, rapid investigation and diagnostic services that meets best practices in oncology, is self-determined by the Mi'gmaq community and adapted to its culture.
2. Reducing barriers for Mi'gmaq **community members'** ensuring their access to a coordinated screening program and timely diagnosis for those suspected of having cancer.
3. Improving communication and **community members'** navigation between Listuguj community health services and various diagnostic centers, enabling support through various stages and accelerating the process leading to a final diagnosis.
4. To improve the experience of Mi'gmaq **community members'** affected by cancer and that of their families and caregivers, from the screening and investigation phase, by providing culturally appropriate care delivered as close to home as possible.
5. Promote and share best practices and standards of care delivery in screening services, rapid cancer investigation, adapted and self-determined by Mi'gmaq **community members'**.

IV. RESULTS

IV.1 Mawlugutinej, an innovative project, a generator of change

1. Listuguj Community Health Services Centre can now offer local cancer screening services (cervical, breast, colorectal and lung) as part of a self-determined care pathway, thanks to a trained local team, a culturally adapted infrastructure and a pathway integrated into the CISSS de la Gaspésie's rapid investigation trajectory for abnormal results.
2. Listuguj Community Health Services Centre has successfully developed a community coordination model to support cancer screening activities. This community-based resource is responsible for initiating awareness-raising activities, coordinating the screening team, promoting cultural safety, and ensuring access to appropriate services. This role has proven relevant and effective in improving citizen trust and engagement. It has also contributed to strengthening the community's autonomy and self-determination in organizing its screening services. This role must be maintained to ensure the sustainability of Mawlugutinej.
3. **Mi'gmaq community members** now have access to a range of appropriate and culturally relevant educational and promotional tools, created in partnership with the team and local artists. These tools, presented in video, radio message, social media message, and educational leaflet formats, draw on oral tradition and ensure that the content, images, and messages resonate with the community by reflecting its culture, values, and lived realities.

IV.2 Key approaches and strategies that enabled these changes

IV.2.1 Approaches that laid the foundations for the Mawlugutinej project

- Initial context

Prior to the project's implementation, the Listuguj community had no structured cancer screening services within its territory. Just a few generations ago, cancer was virtually unknown in many First Nations, Torres Strait Islander, and Indigenous communities across North America. Cancer is now among the top three causes of death for First Nations peoples. Compared to non-Indigenous Canadians, First Nations patients have significantly lower five-year survival rates for several common cancers, including colorectal, lung, breast, prostate, oral cavity, oropharyngeal, cervical, ovarian, and certain hematological malignancies.¹

These significant disparities in survival compared to non-Indigenous populations are primarily explained by the social determinants of health and inequitable access to care, rather than by a higher incidence of cancer itself. Despite a growing awareness of the increasing number of cancer cases within its community, the Listuguj Community Health Centre faced several obstacles limiting access to screening. No laboratory services were available locally. The community also lacked directly accessible medical services within its territory. Communication between Listuguj Community Health Services and healthcare facilities was not

¹ Matthew Beckett a,b, *, Katherine Cole b,c, Mitchell White et al, *Decolonizing cancer care in Canada, Journal of Cancer Policy*, June 2021.

formalized. The absence of clear coordination mechanisms made care pathways fragmented and complex to navigate, both for residents and the health centre team, often forcing patients to take the necessary steps themselves to ensure continuity of care. In addition to these organizational challenges, there was limited access to services, notably due to the geographical remoteness of hospitals, language barriers, and a climate of mistrust towards the Quebec healthcare system. This mistrust, rooted in past experiences and care poorly adapted to Indigenous cultural realities, contributed to reducing the use of network services by Mi'gmaq citizens, thus limiting their access to appropriate, safe, quality, and continuous care.

The Community Health Services Centre team was fully aware of these issues and their impact on the population's health. The director proactively mobilized community professionals to identify priority needs and find concrete solutions to improve oncology services.

Guided by the increasing burden of cancer and the deeply felt realities within the community—including the recent deaths of a young woman from breast cancer and another from cervical cancer—Listuguj's team quickly converged on a common goal: to increase community participation in screening to save lives. Initially, efforts focused on breast and cervical cancers, and later expanded to include lung and colorectal cancers.

IV.2.2 Listuguj Approach

▪ Proactive leadership

In this context, the Listuguj Community Health Services Centre has adopted a proactive leadership approach in Taking the situation into their own hands to address the problem proactively, the leaders assembled a team from the community and approached the oncology team at the CISSS de la Gaspésie to present the situation and confirm their interest in working together. The two teams quickly mobilized around the shared goal of implementing a cancer screening program tailored to the realities and culture of the community. They first dedicated valuable time to clarifying a common vision and defining the terms of their collaboration.

- 1) What are the expectations expressed by the Listuguj team?
- 2) What are the issues and barriers to consider?
- 3) how to work together;
- 4) What are the responsibilities of each person?

A close partnership was quickly established based on shared expertise, a common interest, and sustained collaboration. A grant was awarded by the Canadian Partnership Against Cancer, and from this initiative, the Mawlugutinej project was born.

IV.2.3 CISSS Approaches

▪ Service leadership

For its part, the CISSS de la Gaspésie has adopted a service-oriented leadership approach, whereby the organization puts its skills, resources, and expertise at the service of its partners, rather than acting as the primary decision-maker or service provider. This type of leadership aims to support, equip, and facilitate local initiatives by removing systemic barriers and fostering conditions conducive to their success. In

accordance with Bill 15 ²(the Act establishing Santé Québec), the CISSS has also committed to ensuring continuity of services by focusing on improved interoperability of information systems and optimal alignment with the health network's strategic pathways.

- **Local medical leadership**

Physicians played a fundamental role in the Mawlugutinej project. Their direct involvement on the ground, from the very beginning, allowed the project to be grounded in rigorous and culturally safe clinical practice. By actively engaging with local teams, they helped build trust, support skills development, and ensure the quality of screening services. Their hands-on leadership was crucial in making the project a true model of collaboration and improved access to care for the citizens of Listuguj. Their expertise in screening pathways accelerated the implementation of services.

IV.3 Strategies for building an environment conducive to partnership

Trust is the cornerstone of any collaboration with First Nations. Trust cannot be decreed; it is built through concrete, repeated actions based on respect, authentic relationships, genuine partnership, and sustained commitment. The implementation of this project and the achievement of its objectives therefore required establishing solid relational foundations, based on understanding the other, listening, and respect, with the aim of building mutual trust. This trust developed gradually, over time, through structured actions designed to build a respectful and lasting partnership with the community. A sustainability plan was developed at the project's inception to ensure the long-term viability of the actions implemented and the continued benefits for the community (see Appendix 1). The following strategies were central to the project, aiming to foster trust, team engagement, and greater participation of Mi'gmaq citizens in screening and investigation services.

- **Train the teams in Indigenous history**

The CISSS team's training on Indigenous culture, combined with meetings with community members and Elders, led to a better understanding of First Nations history and realities . Consequently, this helped dispel several myths and provide a more nuanced grasp of their needs and vision for health services. This process of mutual learning and discovery fostered mutual respect and the development of strong bonds of trust between the Listuguj team and the CISSS team, laying the foundation for a lasting and effective collaboration.

- **Supporting community engagement and self-determination in governance**

A governance committee led by the Listuguj team, with the collaboration of members of the oncology team and the CISSS's First Nations advisor, ensured the community's self-determination and that the project's direction remained rooted in its priorities, values, and needs. The integration of Indigenous knowledge with best clinical practices in screening formed the foundation of the project's knowledge base.

² [Bill no. 15 \(2023, chapter 34\) Act to make the health and social services system more efficient](#)

One of the key factors in the success was the quality of communication between the CISSS's First Nations advisor and the director of the Listuguj Health Centre. Building on a pre-existing climate of trust, these regular exchanges, both in person and by telephone, allowed for transparent and proactive discussion of the more sensitive issues, thus facilitating rapid, collaborative decision-making tailored to the realities of the community.

The creation of small, integrated working groups also facilitated rapid decision-making, a better mutual understanding of the issues, and a greater capacity to adapt to realities on the ground. Close collaboration among stakeholders also helped strengthen trust by valuing the expertise of each individual, both within the community and the CISSS. By relying on agile, clearly defined, and interconnected teams, the project was able to evolve in a coordinated and coherent manner, while maintaining a high level of partner engagement.

The CISSS cancer manager was given the strategic mandate to act as an interface between the cancer program, the Quebec Order of Nurses (OIIQ), the MSSS, and the Listuguj team. This liaison role proved effective, fostering connections between the Listuguj team and these bodies, and ensuring that decisions were grounded in both respect for Indigenous cultural values and the requirements of the Quebec cancer system.

- **Adapt screening pathways according to an integrated health model with shared care responsibilities**

The screening pathways of the Quebec cancer network have been modified according to an integrated health model with shared responsibilities between the Listuguj Health Centre and the CISSS de la Gaspésie (Appendix 2). This model is based on respectful and complementary collaboration, grounded in the principles of community self-determination. The pathways have been adapted to Indigenous realities in collaboration with the MSSS cancer program team, allowing for a reassessment of practices for the benefit of Mi'gmaq citizens.

At the heart of this approach is the recognition that Indigenous health services possess unique expertise, rooted in the culture, values, languages, and local realities of their communities. For its part, the CISSS provides structural support in terms of specialized clinical expertise, access to technical facilities, professional resources, and continuity of services across the network.

- **Dedicate a local team to screening**

A screening team was established to monitor clinical activities with users, facilitate communication among stakeholders, and ensure continuity of care. Nurses, licensed practical nurses, and other healthcare professionals received specific training in screening for cervical cancer (including HPV), breast, colorectal, and lung cancer. An HPV screening clinic was implemented and is now operated by an independent team within the community, with support from the Baie-des-Chaleurs midwifery team. This collaboration allows for a complete continuum of women's health services, including screening for sexually transmitted infections (STIs) in addition to HPV. A breast cancer screening follow-up clinic was developed independently within the community, in close collaboration with the Bas-Saint-Laurent team, particularly

regarding access to the "Sara" mobile mammography unit. Finally, colorectal and lung cancer screening clinics were established and adapted to the needs and realities of the community.

- **Providing family doctor services within the community**

Thanks to close collaboration with the medical team at the Baie-des-Chaleurs Family Medicine Group (GMF), an Indigenous physician from the United States was able to establish a practice in the Listuguj community. The GMF played a pivotal role in facilitating his integration into the group of physicians, while supporting the development of a practice rooted in the community. This support included concrete assistance in addressing challenges related to the French language, understanding the Quebec healthcare system, and professional and cultural adaptation. This initiative made it possible, for the first time, to offer medical services directly within the community, representing a major step forward in terms of access to and proximity of care.

- **Respect cultural and linguistic practices**

Throughout the project, constant attention was paid to respecting both the English and Mi'gmaq languages, as well as the community's practices and values. Tools, messages, and interventions were systematically developed and validated by the community to ensure their cultural relevance and acceptability. This approach allowed members to connect with the project, feel engaged, and be willing to participate in screening activities.

IV.4 Strategies for implementing deliverables

- **Understanding the root causes of access difficulties in order to take better action**

Prior to the project, significant barriers resulted in very low participation rates in community screening services (less than 20% for some services). Therefore, before implementing screening pathways within the community, it was essential to fully understand the nature and root causes of these barriers and challenges faced by **community members**. A collaborative approach was first undertaken with the community, the Health Centre team, and the Band Council to identify these barriers and analyze their contributing factors.

Concurrently, an analysis of Statistics Canada data (2021) and a literature review on screening among Indigenous populations were conducted. The article by Pascale Breault and Jessie Nault was published in the journal *Canadian Family Physician*. ² This notably helped to guide the thinking. The "circle of pitfalls and obstacles to screening" model helped to structure the analysis and prioritize interventions.

The obstacles identified by the community were then shared and discussed during in-person working sessions that brought together the Listuguj Health Centre team, the CISSS team, and members of the MSSS Cancer Directorate. These discussions allowed for a deeper understanding of the issues, the identification of their systemic causes, and the mobilization of appropriate resources across Quebec to identify sustainable and structural solutions. To this end, several key stakeholders—including the OIIQ, the RAMQ, the CISSS Cancer Directorate, advisors and the MSSS Cancer Directorate, the CEO of the CISSS, the Information Resources Directorate, and the Family Physicians Group of the western Baie-des-Chaleurs region—actively contributed to resolving major issues and implementing screening services within the community.

▪ **Main obstacles identified by the Listuguj team**

- Lack of IT infrastructure and laboratory facilities to ensure on-site monitoring of screening activities.
- Quebec does not recognize its status as a health establishment.
- Limited access to provincial systems, including the Quebec Health Record and the laboratory information system.
- Lack of trained screening personnel, including a limited number of trained nurses and Indigenous doctors.
- Difficulties accessing RAMQ.
- The recruitment of nursing staff is complicated by a limited knowledge of the mechanisms for recognizing professional qualifications and the procedures surrounding the obtaining of restrictive permits issued by the Order of Nurses of Quebec (OIIQ) and the restrictive rules of the Office de Langue Française .
- Difficulties in recruiting indigenous doctors in the region.
- Language barriers and difficulties accessing CISSS appointment booking services.
- Concerns regarding the coordination and monitoring of results.
- Limited access to a family doctor.
- Distrust of screening services and the health system.
- Lack of information and absence of culturally appropriate tools (e.g., mammography invitation letters in French).
- Fear of stigmatization associated with screening and CISSS services.

Our work has focused on deliverables (appendix 3) enabling improved access to services as a lever for action aimed at reducing inequalities and offering better screening and treatment pathways.

a. Deliverable 1:

▪ **Establish a local screening infrastructure, supported by a clinical information system**

One of the major challenges of the Mawlugutinej project was the lack of IT infrastructure within the Listuguj community to allow for the interoperability of clinical data with the healthcare network, meaning the Listuguj team did not have access to **its community member's** results. This situation significantly limited the ability to deploy safe, effective screening and investigation services integrated into existing care pathways.

To support the implementation of services, a structuring effort was undertaken in close collaboration between the IT teams of the CISSS de la Gaspésie and Listuguj. The CISSS notably contributed to establishing the basic technological conditions, including the deployment of a fibre optic connection, essential for ensuring reliable and secure communications. Subsequently, joint work with the Listuguj IT team enabled the configuration of access to the required clinical systems (including consultation and information-sharing tools), while respecting security requirements and applicable legal frameworks. This step was crucial in enabling genuine clinical collaboration between community stakeholders and those within the network.

Beyond the technological aspects, the implementation of this infrastructure required sustained support from clinical teams. Training, coaching, and ongoing support activities were put in place to promote the

adoption of the tools, ensure data quality, and support the integration of new practices into the daily work of healthcare professionals. This project has been a key driver for improving continuity of care, facilitating referrals and patient follow-up, and supporting the development of community-based screening services that are fully connected to the healthcare network.

- **To ensure the coordination of screening within the community itself**

Given the scale and complexity of the daily activities required to manage such a project, the need for a key resource quickly became apparent. A project coordinator from the community was therefore rapidly hired by the Listuguj Health Centre. Her central role in planning, managing, communicating, and coordinating activities proved crucial, not only to ensure alignment with the community's needs and cultural realities, but also to build trust among members regarding screening services and thus significantly increase their participation.

- **Granting access to RAMQ**

A request from the Listuguj team was to be able to directly contact a resource at the RAMQ (Quebec Health Insurance Board) when **community members** no longer had an active phone number, making access to general services virtually impossible for them for various reasons. An approach by the MSSS (Ministry of Health and Social Services) Cancer Directorate to the RAMQ addressed this need. Direct access to a resource greatly facilitated citizen registration and the organization of screenings, contributing to an estimated 30 to 40% increase in their participation in services.

- **Facilitating the acquisition of a permit from the Order of Nurses of Quebec (OIIQ)**

Several meetings held with the OIIQ (Order of Nurses of Quebec) have fostered a constructive dialogue and significantly improved the relationship with the Listuguj Community Health Centre. These exchanges have led to a better understanding by the OIIQ of the realities experienced on the ground, namely the challenges related to the interpretation and application of certain rules in an Indigenous community context. This has resulted in a relaxation of some rules, particularly those concerning the issuance of restrictive practice licenses for nurses from other provinces, as well as improved communication with the management of the Listuguj Community Health Centre.

b. Deliverable 2:

- **Deploy culturally appropriate awareness tools to promote adherence to screening**

The implementation of visual and audio tools developed by the Listuguj team significantly improved understanding and acceptance of screening tests by drawing on the community's language and cultural references. These tools, based on oral tradition, facilitated better information appropriation and helped reduce anxieties related to screening. More broadly, awareness-raising activities, user support, and community mobilization strengthened trust in services and increased screening participation. Educational videos were produced with the participation of an Indigenous doctor, helping to raise awareness among men in the community about the importance of screening and prevention. Other videos, created in collaboration with elders and women from the community, promoted breast cancer screening by mammography and HPV screening using a culturally appropriate approach rooted in the community's realities.

In addition, the team developed a meaningful slogan — “ **Angweiasultinej, na tujiw gisi ango'tesnu Innue'gati**” — meaning “*Taking care of your health is taking care of your community*”, thus reinforcing the message of collective responsibility and commitment to health.

c. Deliverable 3:

▪ Ensuring the transfer of knowledge

The numerous initiatives that contributed to the success of the Mawlugutinej project, as well as the many lessons learned, must be widely shared to maximize their impact, both in Quebec and beyond. To this end, the project team developed a knowledge transfer toolkit. This toolkit includes educational resources, promising practices, developed expertise, and concrete recommendations for initiating and implementing a similar project in other settings. It also aims to convey a fundamental element of the project: how to work together with Indigenous communities in Quebec. With this in mind, the Listuguj team developed a model of trust-building actions (Appendix 4), which serves as a central framework for fostering respectful, sustainable, and effective collaborations.

In parallel, the project has led to numerous sharing and mobilization activities across Quebec. Meetings and exchanges have been initiated with various organizations within the health network, as well as with several Indigenous communities, allowing for the dissemination of learning, generating interest, and inspiring the development of similar initiatives. The Mawlugutinej project was also presented at the Première ligne en santé conference, where it received the 2026 Women's Health Award, demonstrating its relevance, innovative nature, and potential for transferability. Finally, broader dissemination, including partners outside Quebec, is planned to contribute to the evolution of practices in collaboration with Indigenous communities and to improve access to screening services.

V. PROJECT IMPACTS ATTRIBUTABLE TO CPAC FUNDING

Without the Mawlugutinej project and the associated funding from the Canadian Partnership Against Cancer (CPAC), several key outcomes of the mobilization would not have been possible. First, the development of a genuine understanding of inter-organizational and intercultural teamwork would not have been possible to the same degree. The project created safe spaces and dedicated time for the teams from the CISSS, the GMF, and the Listuguj community to learn to work together, understand their respective roles, and adjust their practices. In normal circumstances, these opportunities are rare, limited by operational constraints. We were also able to understand the full power of generative actions. Trust is essential to building an authentic relationship, a prerequisite for achieving objectives.

Furthermore, mutual understanding between Indigenous and non-Indigenous cultures is a major benefit directly linked to the project. The time invested in exchanges, face-to-face meetings within the community, and adaptation to communication methods (particularly oral tradition) has fostered a concrete cultural awareness. Without this project, this learning would have been superficial, or even nonexistent, thus maintaining significant barriers to access and quality of care.

The funding also allowed for greater freedom in the capacity to innovate, enabling the testing and adaptation of innovative organizational and clinical approaches, outside the usual constraints of the system. Furthermore, it fostered a safe space to experiment with, adjust, and co-create solutions with the community, and provided the time necessary to build a lasting relationship of trust—a fundamental element in the context of collaboration with an Indigenous community. The CPAC's flexible and comprehensive approach made it possible to respect the community's pace, promote a co-development approach, and ground services in a logic of self-determination. Without this protected and funded time, such a deep relationship would not have been possible. Without the CPAC's support, monitoring, and funding, efforts would have been limited to ad hoc initiatives, undertaken in addition to regular activities, without real capacity for structuring, coordination, or sustainability, often leading to delayed deadlines.

V.1 Main impacts

V.1.1 Listuguj Community

The project created the essential conditions for implementing cancer screening and investigation services tailored to the realities of the Listuguj community. More specifically, it enabled:

- The availability of key human resources, including a project manager within the community, whose role was central to ensuring local coordination, cultural integration, and partner mobilization, was crucial. Without this dedicated resource, the project could not have progressed coherently and continuously.
- Developing local skills through funding training activities for clinical teams. This training has strengthened the community's autonomy in deploying cancer screening and investigation services.
- Hiring external indigenous multimedia resources made it possible to create visual tools adapted to the culture.

- Specialized clinical support, notably through the release of an oncology nurse from the CISSS to provide coaching and clinical support to the Listuguj team, was crucial in ensuring the quality and safety of care and facilitating knowledge transfer.
- Care pathways now include traditional Indigenous medicine thanks to their adaptation by the Mi'gmaq team with the support of the CISSS and the MSSS.

V.1.2 CISSS de la Gaspésie

The Mawlugutinej project brought about a genuine cultural shift within the CISSS de la Gaspésie. Close collaboration with the Indigenous team enabled CISSS staff to better understand the conditions necessary to provide truly inclusive and culturally respectful care, and to translate the principles of cultural safety into concrete organizational practices.

This transformation has materialized through the implementation of structuring initiatives aimed at improving the experience of Indigenous users.

- Close collaboration with the nurse at the CISSS cancer investigation desk to ensure coordinated follow-up of patients with abnormal results;
- A secure reception process has been developed to facilitate access to services and reduce sources of anxiety upon arrival at CISSS de la Gaspésie services, whether for investigation or hospitalization.
- An innovative guidance tool has also been implemented in the form of video capsules featuring an Indigenous person acting as a guide, allowing users to find their way around the different services in a reassuring way.
- A space dedicated to holding purification ceremonies (*smudging*) has been set up, recognizing the importance of cultural and spiritual practices in the care pathway.
- Appropriate signage, designed by an Indigenous artist, has been integrated into the CISSS facilities, helping to create a more welcoming environment that is representative and respectful of First Nations culture.

These concrete actions demonstrate a significant evolution in practices and position the CISSS as an actor committed to transforming services towards a culturally safe approach.

V.1.3 Cancer Directorate (DC) of the MSSS

This project allowed the DC to discover new ways of working with and for the Mi'gmaq community, and to see that traditionally rigid cancer screening processes can be adapted to foster better collaboration, understanding, experience, and community participation. It also highlighted the value of its role through service leadership.

V.1.4 Quebec Cancer Network

Improving screening in Indigenous communities is part of the cancer action plan, involving managers, healthcare professionals, and administrative teams within the network. Cancer teams will benefit from the project's results, implementing it collaboratively with communities in their region where cancer is a priority. They will be able to leverage the lessons learned and tools made available to them.

Quebec cancer management

This project would not have had the same scope without the will and proactivity of the senior management of the CISSS who really wanted to offer better access to the indigenous communities in its territory.

The main obstacles could not have been overcome without the support of the MSSS Cancer Directorate, which travelled to Listuguj to listen to the team, understand the constraints they faced, and eliminate them to improve access to services.

V.2 Main beneficiaries of the project

The Listuguj community was the primary beneficiary of this project. Building on the lessons learned from piloting the care model, it has now been rolled out on a larger scale within the Gesgapegiag Mi'gmaq community since February 2026.

V.2.1 Listuguj Introduction

The community of Listuguj is a Mi'gmaq community located at the western tip of the Gaspé Peninsula in Quebec, very close to the border with New Brunswick. It is situated on the south bank of the Restigouche River, opposite the town of Campbellton. Listuguj is part of the Mi'gmaq Nation, whose ancestral territory, called Mi'gmaq, extends across several regions of Eastern Canada, including the Gaspé Peninsula, New Brunswick, Prince Edward Island, and parts of Nova Scotia.

The community has approximately 4,000 registered members, a significant proportion of whom reside on the reserve. The population is relatively young compared to the Quebec average, with a strong presence of families and children. The primary language is English, used in most daily communications and services. The traditional language, Mi'kmaq, is also present and is the subject of significant cultural and linguistic revitalization efforts. French is used less frequently in daily life, although it is an asset in interactions with Quebec provincial services.

V.2.2 Presentation of Gesgapegiag

The community of Gesgapegiag is a Mi'gmaq community located on the south shore of the Gaspé Peninsula in Quebec, along the Bay of Chaleurs. It lies near the mouth of the Cascapédia River, between the municipalities of Maria and New Richmond. Like Listuguj, Gesgapegiag is part of the ancestral Mi'gmaq territory, the Mi'gma'gi, and maintains close cultural, historical, and familial ties with other Mi'gmaq communities in the region.

The community has approximately 1,200 to 1,500 members, the majority of whom reside within its territory. The population is relatively young, with a high proportion of families. English is the primary language used in daily life and services. Mi'kmaq is also present and valued, particularly through linguistic and cultural revitalization initiatives. French is used mainly in interactions with provincial institutions.

VI. RANGE INDICATORS

Within the framework of the Mawlugutinej project, it was not possible to rely on complete population-based data regarding the number of residents, incidence, and mortality of cancer within the Mi'gmaq population. This reality arises within a sensitive context: historically, the use of data has sometimes contributed to the stigmatization of Indigenous communities, leading to legitimate mistrust of its collection and use.

In Listuguj, this situation is exacerbated by significant challenges in accessing health insurance cards, considerably limiting the availability and reliability of current data on cancer diagnoses and deaths.

However, following discussions between the public health team, the cancer program's surveillance management, and members of the Band Council, a strong consensus emerged: developing a joint project focused on the access, governance, and secure use of population data is a major priority. Concrete actions are underway in this regard.

Thus, the data presented in the Mawlugutinej project are based primarily on prospective data, from patients who received services as well as the number of promotion, mobilization and impact activities carried out within the community.

VI.1 Actual Range

- **Number and type of beneficiaries reached by the project :**
 - 60 women between 25 and 65 years old benefiting from HPV screening
 - 146 women aged 50 to 75 benefiting from breast screening
 - 10 men and women benefiting from lung cancer screening
 - Of the 1250 community members without a family doctor, more than 400 now have access to a community family doctor.
 - 95% of women with an appointment showed up for their screening
 - 8 to 10 people, for 3 days a week, benefited from a sampling and monitoring service.
- **Number of Indigenous communities affected in the Gaspé region:**
 - Mi'gmaq community of Listuguj
 - Mi'gmaq community of Gesgapegiag in development
- **Number and types of [groups] that directly benefited from this project :**
 - 1350 adults, men and women

VI.2 Capacity

■ Number of resources forming the local screening team:

- 2 nurses, 1 auxiliary nurse and 1 coordinator

■ Number of people trained as part of this project:

- 12 Indigenous professionals trained by CISSS doctors over four days
- 28 healthcare professionals from the CISSS
- 1 administrative agent
- 4 IT staff members

■ Number of knowledge mobilization events³ organized within the project:

- 6 radio messages intended for awareness campaigns
- 2 citizen-led activities: a walk to raise awareness and commemorate cancer
- Two activities: " *The Color Run*, " often called "the race of colors," creating a solidarity activity around cancer among Indigenous families.
- *Lunch and Learn* " events led by CISSS healthcare professionals on topics such as cancer screening and difficulties accessing screening
- 12 awareness-raising posts on social media
- 3 community awareness campaigns
- 4 meetings of the discussion group composed of survivors, elders and caregivers.

■ Number of people who participated in the knowledge mobilization event:

- Nearly 600 citizens (marches, events)
- Nearly 500 people reached through social media.

■ Number of knowledge products⁴ developed within the framework of this project:

- 2 brochures on HPV screening and information on results
- 2 brochures on mammography screening and information on the results
- 2 posters: Screening in Listuguj – Who is eligible?
- 1 information sheet on colorectal cancer screening
- 3 educational videos on screening for cervical cancer, breast cancer by mammography, and colorectal cancer
- 1 information tool on smoking cessation and lung cancer prevention
- 1 information sheet on lung cancer screening
- 4 video testimonials presenting the experience of citizens from the community.

■ Actions with organizational scope :

- Access to the Quebec Health Record (DSQ), Radimage (radiology exams) and e-appointments with improved interoperability

³These can include webinars, education and training sessions, workshops, forums, or roundtables. They can also include meetings and presentations designed to support capacity building.

⁴This can include tools, resources, memos, fact sheets, reports, publications, videos, and websites.

- Significant increase in the number of citizens with RAMQ cards
- Easier recruitment of nurses from within the community
- Access to community screening clinics (HPV and STIs, colorectal cancer, lung cancer, and mammogram follow-ups) managed by the Listuguj team
- Investigation and follow-up of results by the Listuguj Centre with the community.

VI.3 Mobilization

Number and types of people participating in this project:

- **Listuguj Health Center (14)**
 - The director of the Health Centre
 - A project manager
 - Two Auxiliary Nurses
 - Three nurses
 - An Indigenous family doctor
 - An administrative assistant
 - A computer science resource
 - Four representatives of the citizens (elders, survivors, relatives)
- **Gesgapegiag Health Center (3)**
 - A director
 - Two nurses
- **CISSS de la Gaspésie (19)**
 - The CEO
 - The Senior First Nations Advisor
 - The director of oncology
 - Two cancer care managers (a doctor and a nurse)
 - A specialist radiologist
 - A physician specializing in public health
 - Two gynecologists
 - A family doctor
 - Two oncology nurses
 - A social worker
 - Two midwives
 - An IT manager
 - Two computer technicians
 - A specialist in appointment system management.
- **MSSS Cancer Directorate (4)**
 - The program director
 - Two cancer screening counselors

- The national director
- **External (4)**
 - A communications consultant
 - Three Indigenous artists
 - An Indigenous graphic designer
 - A multimedia video specialist

VI.4 User satisfaction with breast cancer screening

A survey conducted in 2025 among 69 women who had undergone mammograms revealed high levels of satisfaction with the service, particularly regarding the overall experience and accessibility. Appendix 5 presents the detailed results.

VII. MAWLUGUTINEJ, THE SEQUEL !

VII.1 Sustainability

The Mawlugutinej project was designed from the outset with a clear focus on sustainability (Appendix 1). This approach reflects a desire to build a lasting relationship of trust with the community, in accordance with the principles of self-determination for Indigenous peoples. Therefore, the services developed were designed not only to meet current needs, but also to be sustainable and become an integral part of local practices.

To ensure the consolidation of achievements and the long-term sustainability of the project's impact on cancer care delivery, several key structural measures have been implemented. First, the establishment of a governance model based on shared responsibilities represents a central mechanism for ensuring sustainability (Appendix 2). With this in mind, it was agreed that the screening process would be community-led and self-determined. Efforts are underway within the community to sustainably integrate a coordination role for cancer promotion and screening. Experience has clearly demonstrated that without this resource, there is a significant risk that the services in place will be jeopardized.

Furthermore, within the integrated health model with shared responsibilities, a clear service pathway for managing abnormal results has been established between the Listuguj Health Centre and the cancer investigation unit of the CISSS de la Gaspésie. As soon as an abnormal result is identified, the patient is referred to the investigation unit, which provides shared care with the local team. This mechanism promotes continuity of care while allowing the community to maintain a constant connection with specialized clinical expertise. The consolidation of clinical pathways is also a key focus.

Furthermore, maintaining and strengthening clinical coordination mechanisms between the community, family medicine groups, and specialized services is essential. In this regard, an Indigenous social worker is now collaborating closely with the CISSS team to improve communication between hospital services and the Listuguj Health Centre. At the same time, the health promotion and screening coordinator is helping to strengthen the complementarity of services, particularly at the primary care level, by supporting better integration of interventions and care pathways.

The oncology team at the CISSS de la Gaspésie will continue to play an active support role, particularly through clinical coaching, to ensure the maintenance of quality and the evolution of screening practices within the community. In addition, continued efforts in training and knowledge transfer remain essential to support skills development, both within local teams and across the network, especially in the areas of screening, early intervention, and cultural safety.

A working committee has been established, bringing together the Listuguj Health Centre, the CISSS de la Gaspésie, and the Cancer Program Surveillance Directorate team. This committee's mandate is to develop and implement a clinical data monitoring system for cancer screening and surveillance, specifically adapted to the realities of the Mi'gmaq Nation. This initiative is part of a data self-determination and

governance framework, enabling the community to actively participate in defining, using, and leveraging the data that concerns it, while respecting its priorities, knowledge, and practices.

Finally, the sustainability of services also depends on organizational and technological conditions. Maintaining information infrastructure and access to clinical systems (DSQ, laboratory systems, appointment booking mechanisms) is essential to guarantee the autonomous, efficient, and secure operation of services offered to the community.

VII.2 Long-term beneficiaries

The benefits of the Mawlugutinej project will continue to extend to many, at the individual, community and systemic levels.

First, members of the Listuguj community, particularly adults eligible for screening programs, will continue to benefit from improved, faster, and culturally safe access to cancer screening and investigation services.

Adolescents in the community, particularly girls and boys eligible for HPV vaccination, will also benefit from the project's impact. Awareness-raising activities, adapted educational approaches (including oral tradition), and increased trust in health services will foster greater acceptance and participation in vaccination. In the longer term, this will help reduce the incidence of HPV-related cancers.

Furthermore, clinical and professional teams (nurses, doctors, midwives, community workers) will benefit from the maintenance of developed skills, adapted clinical tools and strengthened collaboration mechanisms, facilitating the delivery of integrated and relevant care.

On a broader level, the Quebec healthcare system and other First Nations communities will benefit from this project through knowledge transfer and the opportunity to replicate this collaborative governance and co-creation model. The Mawlugutinej project thus serves as a lever for improving equitable access to cancer care on a larger scale.

Finally, institutional and decision-making partners will benefit from a concrete model demonstrating the impact of an approach centered on self-determination, cultural safety and inter-organizational collaboration, supporting the evolution of health practices and policies.

VII.3 Challenges to be met

However, some challenges remain, and it is important to address them to ensure that the gains are sustained and that clinical screening, investigation, and follow-up activities are carried out under optimal conditions and smoothly. The next steps to achieve this are:

- Community-based adoption of a screening culture, enabling **community members to** adopt preventive practices in their daily lives.

- Strengthening the integrated health model with shared responsibilities between the community and the CISSS
 - Recognition of the Indigenous coordination function as a linchpin of screening and investigation activities.
 - Availability and security of recurring funding within the community.
 - Strengthening ties with network partners.
 - Formalization of the pathways developed for breast, cervical, lung and colorectal cancers and their sustainable integration into practices.
 - Collection of clinical cancer data using a model based on trust and respect to enable the evaluation and improvement of care and services.
- Training and coaching
 - Provide staff at Indigenous health centres with access to up-to-date training on cancer screening.
 - To provide health network staff with training on health care and services adapted to Indigenous communities. (cultural safety)
- Access to information that respects the culture and oral tradition intended for members of the community.

VIII. RECOMMENDATIONS BASED ON LESSONS LEARNED

The experience of the Mawlugutinej project demonstrates that the sustainable improvement of access to screening services in an Indigenous context relies primarily on transformations of organizational and relational practices. The team from the CISSS de la Gaspésie and the MSSS Cancer Directorate learned many lessons during this project, from which the following recommendations emerged. These recommendations are addressed to all cancer network teams wishing to work in co-creation with the Indigenous communities in their region, for whom cancer is a priority.

- **Recommendation #1: Make trust a central objective of interventions**

Lesson learned : Indigenous peoples' mistrust of the Quebec healthcare system was widespread and made Mi'gmaq citizens less inclined to use screening services. It became clear to us that trust needed to be built. In fact, it was the driving force, the guiding principle that enabled us to achieve over 90% of our objectives . During the Mawlugutinej project, the Mi'gmaq community itself identified the elements that fostered the establishment of a trusting relationship with the healthcare network. These lessons learned were compiled and structured through a collaborative process, leading to the development of a guide on trust-building actions (Appendix 4). Grounded in the community's realities, this guide offers concrete benchmarks to support respectful practices based on listening, recognizing knowledge, and sharing decision-making power.

- **Recommendation #2: Prioritize Indigenous governance**

Lesson learned : Co-construction is only fully effective when it is accompanied by a genuine transfer of power to communities. When communities exercise governance leadership, with the support of the health network, the solutions are more appropriate and sustainable. It is therefore recommended to prioritize governance models where service implementation projects are initiated and managed directly by the communities, while respecting regulatory frameworks to offer greater flexibility in service delivery .

- **Recommendation #3: Prioritize an integrated healthcare model with shared responsibilities**

Lesson learned : This model proved to be the very essence of the project because it is based on respectful and complementary collaboration, grounded in the principles of self-determination for Indigenous communities. Indeed, Indigenous health services ensured cultural grounding, a holistic approach, and a relationship of trust with the population, while the Integrated Health and Social Services Centre (CISSS) guaranteed access to specialized care, high clinical standards, and safe and efficient service pathways. This model of shared responsibility was a powerful lever for improving access to, the quality of, and the relevance of care offered to the Mi'gmaq community.

Lesson learned : Creating close-knit collaborative spaces comprised of small, integrated working groups proved crucial in fostering both trust and efficiency in project implementation. Structured around key functions—a clinical team, a project management team, and an IT team—these small groups (2 to 3 people) enabled the creation of intimate collaborative spaces conducive to direct,

transparent, and continuous exchanges. This model thus serves as a structuring lever for supporting effective and sustainable collaborations in an intercultural context.

- **Recommendation #4: Create and support local roles dedicated to screening**

Lesson learned : The community-based screening coordinator, responsible for promoting, mobilizing, and organizing services, was a true pillar of the organization, working directly with users. Her role is essentially similar to that of the oncology nurse navigator recognized in Quebec, as a frontline professional who supports individuals, facilitates their journey, and concretely structures the organization of services based on the real needs of patients and communities . The coordinator's role was clearly crucial to the project's success and the achievement of its objectives. The results lead us to conclude that the success and sustainability of any screening program implemented in Indigenous communities depend on such a role. This coordinator is a true linchpin of all activities, acting as an architect of trust and collaboration between cultures and organizations.

- **Recommendation #5: Establish mechanisms for the collaborative resolution of systemic issues**

Lesson learned : Several obstacles encountered were far beyond the CISSS's capacity to manage them. Therefore, creating formal spaces that bring together communities, CISSS/CIUSSS, and MSSS to analyze obstacles, identify their root causes, and deploy structural solutions at the provincial level is essential. To this end, the CISSS de la Gaspésie has established a community of practice that facilitates discussion, sharing, and the collaborative search for solutions.

- **Recommendation #6: Involve senior management and the senior advisor to First Nations**

Lesson learned : In a context as complex as the Mawlugutinej project, the direct involvement of the CISSS President and CEO proved essential. Indeed, only leadership at this level allows for genuine structural changes, close collaboration with organizations like Santé Québec, and the removal of major systemic obstacles hindering the adaptation of services to community realities. The CISSS CEO's contribution was therefore a decisive factor in moving the project forward in a concrete and sustainable way. In this regard, the appointment of a resource to act as the CEO's spokesperson to the community was a key success factor. The CISSS senior advisor played a central role as a stable point of contact, capable of establishing and maintaining relationships of trust over time. They ensured respectful and culturally safe communication, while embodying a credible and consistent voice for the CISSS. Reporting directly to the CEO, he also possessed the necessary authority to bring identified issues and challenges to the attention of senior management. This strategic position facilitated rapid adjustments and supported the implementation of concrete organizational changes, aligned with the needs expressed by the community.

- **Recommendation #7: Manage collaboration within the different bodies**

Lesson learned : The role of the CISSS cancer manager proved crucial in ensuring consistent collaboration between the community, the CISSS, the MSSS, and other stakeholders. This role enabled the project's coherent integration within provincial structures, while strengthening its credibility, scope, and sustainability. Furthermore, her close partnership with the MSSS Cancer Directorate and

the OIIQ helped overcome major structural obstacles, thereby facilitating the implementation of tailored and sustainable solutions.

- **Recommendation #8: Give physicians a prominent role in the organization of services**

Lesson learned : Involving CISSS physicians from the outset led to quick and effective solutions. Rather than imposing existing models, the project enabled the development of solutions tailored to the realities, values, and needs of the Listuguj community. Several physicians contributed to finding solutions adapted to the community's realities and needs. They committed to supporting modified care pathways and training teams, which made a significant difference in the implementation of services. This approach required time, flexibility, and dedicated, motivated, and committed resources, but it has yielded a transformative result.

- **Recommendation #9: Guarantee clinical coaching by a dedicated resource**

Lesson learned : One of the main lessons learned from the project is that initial training, while essential, is not sufficient on its own to support the sustainable integration of new clinical practices. Skills development among Indigenous nurses relies primarily on ongoing support, grounded in daily practice and adapted to the realities on the ground.

Experience shows that access to consistent clinical coaching, offered in a respectful and collaborative approach, not only strengthens knowledge but also develops professional confidence and clinical judgment. This approach fosters a gradual assumption of roles and responsibilities, while respecting each individual's learning pace.

Implementing a structured model for progressing toward autonomy, supported by clinical experts, is a key driver of success. It ensures the quality and safety of care while strengthening local capacity to provide screening and prevention services sustainably. In short, investing in continuing education, knowledge transfer, and clinical coaching is not an afterthought, but rather an essential condition for the success and sustainability of health initiatives conducted in partnership with Indigenous communities.

- **Recommendation #10 : Invest in interoperability and digital autonomy**

Lesson learned : Accelerating the development of solutions enabling local teams to access clinical systems (e.g. DSQ, SIL-P, medical records) is a necessity as it promotes continuity of care and reduces administrative barriers.

- **Recommendation #11: Recognize the need for time and flexibility**

Lesson learned : Adapt performance expectations and funding frameworks to reflect the reality of co-construction projects, which require adjustments, back-and-forth and longer timeframes to ensure their success.

- **Recommendation #12: Require a process of organizational and personal self-reflection**

Lesson learned : Co-creating with Indigenous communities must be done in a spirit of reconciliation, which aims to recognize the rights, history, and culture of Indigenous peoples while repairing

relationships and fostering cooperation and mutual respect. To this end, integrating training, reading, and reflection requirements on myths and beliefs, colonial practices, and cultural safety into network teams is essential.

IX. CONCLUSION

The Listuguj Community Health Service is an Accredited body that has built a reputation for building strong partnerships and our capacity to work at the program development and implementation level. We have piloted project with our partners that have benefitted not only our community members, but other First nations communities facing the same challenges of equitable access to health services throughout the province. We firmly believe that the Cancer Project will not only build upon our external partnerships but lay the foundation for how best to include Indigenous knowledge and approach that could strengthen the systems capacity to combat racism against Indigenous people in the health care system.

The Mawlugutinej project has been much more than a cancer initiative: it has proven to be a true human, clinical, and systemic adventure. It has improved access to services for the population of Listuguj, but above all, it has transformed ways of relating to them. Through this project, we believe we have helped pave the way for new relationships with Indigenous communities, based on trust, respect, listening, and self-determination.

The lessons learned from this approach extend far beyond clinical outcomes. They demonstrate the capacity of organizations and communities to co-create meaningful, tailored, and sustainable solutions when the conditions are right. Mawlugutinej shows that by investing time, resources, and a genuine commitment to doing things differently, it is possible to reduce inequalities, improve access to care, and build more equitable pathways.

This project has left a legacy of much more than structures or processes: it has fostered a genuine screening culture within the community, while simultaneously strengthening local trust and capacity. It has also paved the way for new, more respectful ways of collaborating, grounded in cultural realities. As such, it provides a solid foundation for continuing, together, the development of health services that are truly aligned with the needs, values, and aspirations of Indigenous communities. The creation of a lasting climate of trust between partners is a fundamental result of this project.

This trust cannot be improvised or accelerated within traditional structures. It is the result of intentional work, sustained over time, and grounded in concrete actions, which would not have been possible without this project. Sharing responsibilities in care pathways is undoubtedly a major step forward in reducing health inequalities, by bringing services closer to people's living environments and respecting the choices and priorities of communities. Finally, shared care contributes to a sustainable transformation of the healthcare system and the establishment of a screening culture within the community, integrating the principles of cultural safety, partnership, and collaborative governance. It allows us to move from a service-supply-oriented model to one centered on the needs and realities of individuals.

COMMUNITY STORIES

We invite you to discover the testimony of Mrs. Pamela Isaac, whose vision and commitment inspired the Listuguj team and the CISSS de la Gaspésie team to build the *Mawlugutinej* project together.

[Pamela Isaac 's testimony : approaching cancer in the Mi'gmaq community | Videos & films on Vimeo](#)



Ms. Pamela Isaac, a member of the Listuguj community, shares her cancer journey in a moving and candid way. Her testimony served as a catalyst within the Listuguj community and played a pivotal role in the development of the MAWLUGUTINEJ project

TESTIMONIALS FROM MEMBERS OF THE MAWLUGUTINEJ PROJECT AND THOSE WHO HAVE BENEFITED FROM ITS SERVICES – LET'S WORK TOGETHER

"I placed my trust in them and realized that people genuinely wanted to help the First Nations on our territory."
Donna Metallic Director, Listuguj Community Health Services

"I was asked to start working on a cancer screening project. We had a lot of ideas, but we needed help. Pamela Isaac put me in touch with the oncology team at the CISSS... and I called." **Melissa Lavoie, Licensed Practical Nurse, Mi'gmaq, Listuguj Community Health Services**

"I can work with my knowledge, my culture, and my tools to build something new. It's very different trying to fit into an already established framework than creating our own system—a system that works for us, that makes sense for our people, and that supports our community." **Tanya Webster, Project Manager, Mawlugutinej**

Mobile testing is a great way to get tested. – **MC, Listuguj community member**

"Thank you so much! I'm very happy. It's very accessible." **LL, a member of the Listuguj community**

"To the staff at Santé Québec who wish to work with First Nations, I would say first: go and meet them, share a meal or a coffee with them, discover what they want to work on, understand their reality and their way of life. This is essential, because trust opens the door to authentic relationships." **Matthew Monroe, Senior Advisor – First Nations, CISSS de la Gaspésie**

"We faced significant obstacles. By working together, we managed to overcome them." **Christine Arsenault, Co-manager in oncology, CISSS de la Gaspésie**

"Remaining open to difference and building a human connection beyond the professional relationship. I had to forget all my preconceived ideas and start from scratch in order to form my own opinion. You have to know their story, their traumas. And above all, you have to avoid presuming or assuming things, and accept that we may not know them as well as we thought." **Catherine Leblanc, Oncology Clinician, CISSS de la Gaspésie.**

Testimony of Jennifer Caplin

The following letter was written and presented to the Mawlugutinej Working Committee by Jennifer Caplin, a nurse in Listuguj for over twenty-five years. Through her professional experience and extensive knowledge of the community, she describes the realities faced by members of the Listuguj Mi'gmaq Nation in their healthcare journey.

This testimony allowed project partners to better understand the historical, cultural, linguistic, and structural issues that influence access to health services. It helped raise awareness among committee members of the importance of adapting cancer screening and investigation approaches to community realities, from a perspective of cultural safety, equity, and self-determination.

Beyond simply noting the obstacles encountered, this reflection served as the basis for discussions and actions undertaken within the framework of the Mawlugutinej project in order to build lasting relationships of trust between the community and the health network.

Good morning

Today I would like to share with you my experience related to health systems, policies and their impact on our community. I believe first of all that it is important to share a little bit of the history of the Mi'gmaq people. Traditionally, before the arrival of hospitals, healing in Mi'gmaq communities like Listuguj was guided by the earth, water, and the wisdom of the Elders. When a person was ill, they weren't just treated for their symptoms; they were cared for as a whole person. Surrounded by their family, rooted in their culture, and supported by a vision that health is based on the balance between body, mind, emotions, and community. This way of life hasn't disappeared; it has been interrupted.

With the establishment of colonial systems such as the Indian Act and Canada's residential school system, families were separated, languages silenced, and traditional knowledge suppressed. The consequences of these policies did not end when they were lifted; they have been passed down through generations. The relationship with external systems has been shaped by a long struggle for rights and self-determination. The citizens of Listuguj still remember events like the Listuguj salmon fishery raids. These were not just about fishing rights, but also about identity, dignity, and survival. They were about protecting a way of life deeply connected to health and well-being. These experiences are not merely a thing of the past; they continue to influence the reality of today.

The relationship with the healthcare system has often been marked by mistrust. Many Indigenous people have experienced racism, barriers to accessing care, and a lack of culturally safe services. The fact that Listuguj is a border community located between Quebec and New Brunswick also adds significant challenges to accessing consistent healthcare services across jurisdictions. Community healthcare professionals and members continue to face obstacles simply trying to obtain the care they need. In the past, nurses have contacted local services, such as the CLSC or other regional health authorities, seeking support, only to be told that services could not be provided.

Not because the need wasn't real.

Not because the situation didn't meet the criteria. But because of administrative grey areas, jurisdictional issues, or assumptions about responsibility for care.

In addition to this, there is another barrier, often invisible to those who do not experience this reality. Listuguj is an English-speaking community located in a province where the healthcare system operates primarily in French.

For patients, this sometimes means struggling to explain their symptoms, understand a diagnosis, or feel truly heard during moments of great vulnerability. Some people nod without understanding, for fear of being judged, or leave an appointment with more questions than answers. For nurses and other healthcare professionals working in the community, the challenges are just as significant.

Advocating for patients, coordinating care, or even making a simple referral can become complex when language is a barrier. This adds further pressure to an already complex system, in which stakeholders attempt to bridge not only medical gaps, but also linguistic and cultural ones. And this challenge begins long before care is actually provided.

Listuguj also faces significant challenges in recruiting and retaining nurses and other healthcare professionals. Quebec's language requirements, particularly regarding French proficiency, can be a barrier for qualified, competent professionals deeply committed to the community who do not meet the required language standards.

This creates a void.

A void where positions remain vacant.

A void where existing staff must shoulder an increased workload. A void where patients wait longer or are deprived of the care they need.

In a community already dealing with historical trauma, complex legal systems, and difficulties accessing services, this void is deeply felt.

Thus, when a person from Listuguj seeks care, they encounter not just one barrier, but several. When they are refused, misunderstood, or left without support, it is not only a service that is missed: it is an opportunity to build trust that is lost.

In Listuguj, healing is being reclaimed. Community-led programs, Elder teachings, and culturally grounded approaches to care are reinforcing the connection between people and their well-being. Partnerships with the CISSS, such as the Mawlugutinej project, are beginning to reflect a new reality: spaces where culture is not left at the door, but fully embraced. A slow but powerful shift is underway: a move from systems that excluded to relationships that teach listening. Throughout this project, all parties have learned to listen more deeply. We have challenged the systems that responded "no" and transformed them into a fundamental question: "How can we help?"

The historical, systemic, linguistic, and structural barriers that influence every interaction were acknowledged. We advocated for greater flexibility when rigid systems failed to meet the real needs of community members. Through this partnership, we realized that for communities like Listuguj, health is not simply about treating illness.

Health is about connection.

Connection with the land.

Connection with culture.

Connection with others.

And above all, a bond built on trust. My hope for the future is that we not only improve cancer screening care, but also continue our efforts to rebuild relationships. That when a person from Listuguj, or any other First Nation, asks for help, they are not rejected, misunderstood, or left alone to navigate a complex system, especially during times of vulnerability.

I will conclude with this thought:

"May the future of healthcare in Listuguj be one where every voice is heard, every obstacle is removed, and every person receives care with respect for their dignity ."

Jennifer Caplin, Nurse in Charge, Listuguj, April 2026

X. REFERENCES

- Assembly of First Nations. (2021). *Our Right to Health: First Nations Perspectives Across Generations – Recommendations for a Holistic Approach to the Seven-Generation Continuum of Care for Home, Community and Long-Term Care in Canada* .
- Barbo, G., Alam, S. et al. (2024). *Indigenous experiences with primary health care in Canada: A qualitative systematic review* . Health Promotion and Chronic Disease Prevention in Canada, 44(4).
- Breault, P., Nault, J., Audette, M., Échaquan, S. et al. (2021). *Improving preventive screening with Indigenous peoples* . Canadian Family Physician / Le Médecin de famille canadien, 67, August 2021.
- Canadian Partnership Against Cancer. (2019). *First Nations, Inuit and Métis Cancer Strategy: Collaborative Governance and Indigenous Health* .
- Clare, H., Kanmiki, EW, Bainbridge, R., Campbell, K. et al. (2026). *Developing Integrated Healthcare Models for Indigenous People: Insights from a Relational Systematic Scoping Review* . Journal of Community Health, 51, 124–142.
- Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action* .
https://publications.gc.ca/collections/collection_2015/trc/IR4-8-2015-eng.pdf
- Dierendonck, D. van. (2011). *Servant Leadership: A Review and Synthesis* . Journal of Management, 37(4), 1228–1261.
- Dignard, H. (2025). *Reflections on healthy collaboration with First Nations communities in Quebec* . ICÉA – Institute for Cooperation in Adult Education.
<https://icea-apprendreagir.ca/category/edition-2025/>
- Government of Quebec. (2023). *Act respecting the governance of the health and social services system (G-1.021)* .
<https://www.legisquebec.gouv.qc.ca/fr/document/lc/G-1.021>
- Grigoriou, G. (2024). *Oral tradition and indigenous worldviews: Oral storytelling, an intercultural practice of expression and shared learning* . The AQEFLS Review.
- Helen Bnads, H., Orr, E. and Clements, CJ (2020). *Improving the Service to Aboriginal and Torres Strait Islanders through Innovative Practices Between Aboriginal Hospital Liaison Officers and Social Workers in Hospitals in Victoria, Australia* . Oxford University Press.
- National Institute of Excellence in Health and Social Services (INESSS). *National HPV Medical Protocol – Initiating and Following Up on Cervical Cancer Screening Tests using HPV Testing* .
<https://www.inesss.qc.ca/formations-et-outils/outils-cliniques/outils-par-thematiques/depistage.html>
- National Institute of Excellence in Health and Social Services (INESSS). *National Medical Protocol – Initiating a fecal immunochemical test for occult blood or a colonoscopy for the purpose of screening or diagnosing colorectal cancer* .
https://www.inesss.qc.ca/fileadmin/doc/INESSS/Ordonnances_collectives/Depistage_CCR/INESSS_Depistage_CCR_PMN.pdf
- National Institute of Public Health of Quebec. (2009). *Cancer among Indigenous people in Quebec living in reserves and northern villages, from 1984 to 2004: incidence and mortality* .

- Jamal, S., Jones, C., Walker, J., Mazereeuw, M., Sheppard, AJ, Henry, D. and Marrett, LD (2021). *Cancer among First Nations in Ontario, Canada: Incidence and mortality, 1991 to 2010*. Health Canada.
- Lepage, P. (2019). *Myths and realities about Indigenous peoples* (3rd ed.). Commission des droits de la personne et des droits de la jeunesse and Institut Tshakapesh.
- Matthew Beckett, Katherine Cole, Mitchell White et al, Decolonizing cancer care in Canada, Journal of Cancer Policy, June 2021
- Quebec Ministry of Health and Social Services (MSSS). *Lung cancer screening* .
<https://www.quebec.ca/sante/conseils-et-prevention/depistage-et-offre-de-tests-de-porteur/depistage-cancer-poumon>
- Quebec Ministry of Health and Social Services (MSSS). *Screening mammography* .
<https://www.quebec.ca/sante/conseils-et-prevention/depistage-et-offre-de-tests-de-porteur/depistage-du-cancer-du-sein/mammographie-de-depistage>
- Quebec Ministry of Health and Social Services (MSSS). [*Cultural Safety in Health and Social Services – Towards Culturally Safe Care and Services for First Nations and Inuit – March 2021 Edition*](#)
- National Collaborating Centre for Indigenous Health (NCCIH) / Centre de collaboration nationale de la santé autochtone (CCNSA). (2019). *Overview of First Nations, Inuit and Métis health in Canada* .
- Health Canada (2016). *First Nations and Inuit Health – Health Status of First Nations On-Reserve in Atlantic Canada 2015* .
- Sehar Jamal , Carmen Jones , Jennifer Walker , Maegan Mazereeuw , Amanda J. Sheppard , David Henry **and** Loraine D. Marrett, Health Report: Cancer among First Nations in Ontario, Canada: Incidence and Mortality, 1991 to 2010, June 16, 2021.

XI. APPENDICES

Appendix 1

MAWLUGUTINEJ : SUSTAINABILITY PLAN BETWEEN THE LISTUGUJ COMMUNITY HEALTH CENTRE AND THE CISSS DE LA GASPÉSIE

Improve access to and participation in screening services by ensuring a human, safe, and high-quality experience for citizens



COMMUNITY ENGAGEMENT AND SELF-DETERMINATION IN GOVERNANCE

- Deliver services under the leadership of the Listuguj Community Health Centre through strong community-based governance;
- Engage and consult Elders and the community throughout all stages of project implementation;
- Integrate Indigenous knowledge and traditional medicine into services;
- Adapt screening pathways to cultural realities in collaboration with the Québec Cancer Program;
- Support the community in organizing screening services through a progressive transfer of knowledge and expertise from CISSS/Santé Québec;
- Plan for the permanent maintenance of the key role of a community promotion and screening coordinator.



STRUCTURING COLLABORATION WITH PARTNERS

- Establish collaboration agreements (clinical pathways, roles and responsibilities) between Listuguj and CISSS/Santé Québec through an integrated shared-responsibility model;
- Maintain close collaboration with the nurse at the Cancer Investigation center to ensure coordinated follow-up of patients with abnormal results;
- Establish agreements to support the acquisition of investigation equipment and preventive maintenance of equipment by CISSS/Santé Québec;
- Maintain regular meetings and communication mechanisms;
- Implement monitoring of clinical indicators and report them regularly to the Band Council;
- Establish agreements to consolidate access to clinical management systems (SIL-P, Radimage, DSQ, etc.);
- Ensure culturally safe environments within investigation and care settings;
- Support the long-term integration of the Mi'gmaq physician in collaboration with the GMF.

Avril 2026

SUSTAINABILITY : A KEY TO TRUST

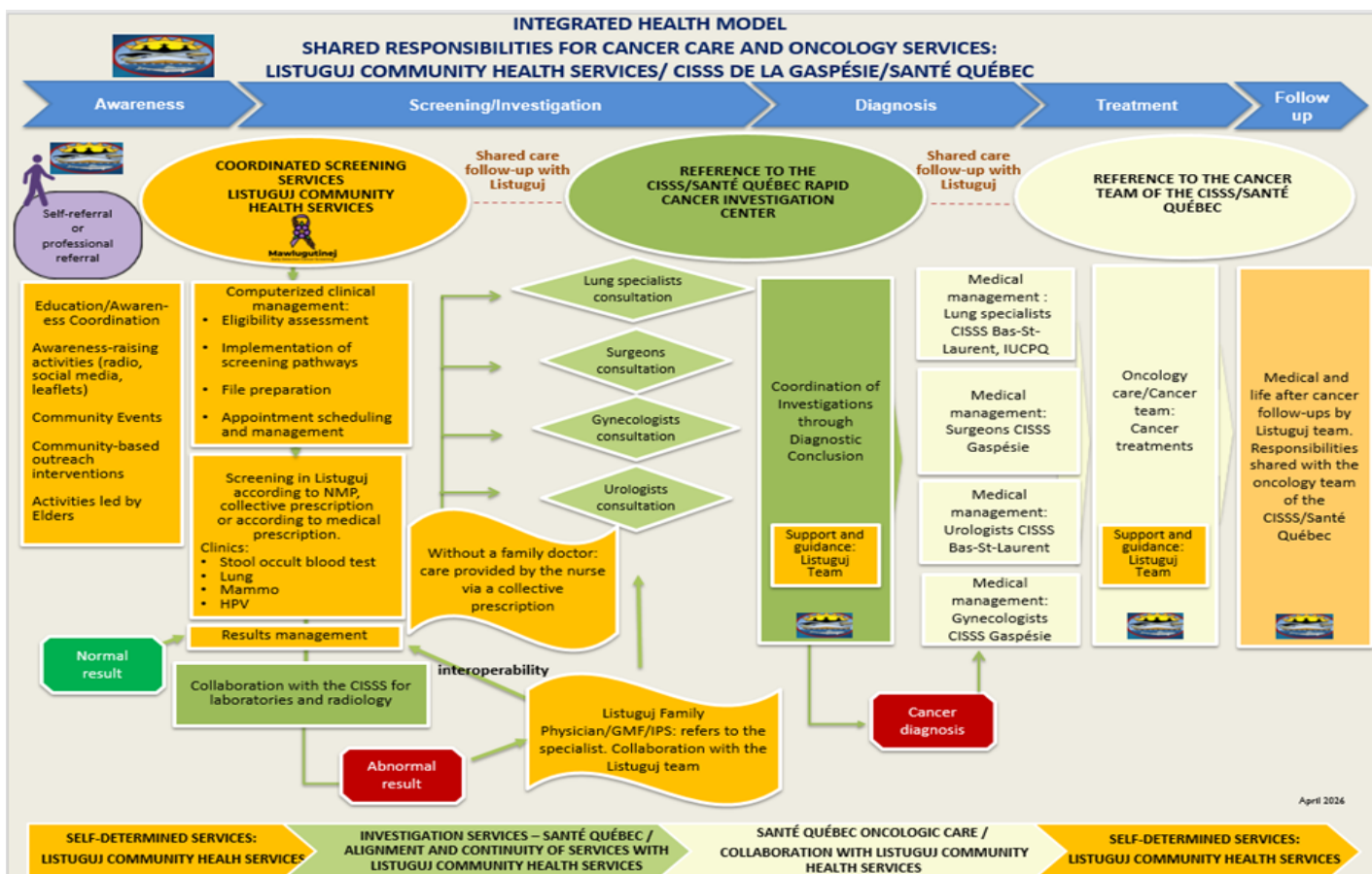
To ensure the sustainability of a collective project such as Mawlugutinej, the actions implemented must go beyond the scope of a pilot project and become integrated into the community and into the practices of partner organizations. Sustainability depends not only on maintaining activities, but also on the ability of the community and its partners to continue pursuing a shared vision, shared responsibilities, and collaborative mechanisms adapted to the local reality. This sustainability plan draws both on the experience developed by the Mawlugutinej team and on the principles presented by *Tom Wolff in Tools for Sustainability, published in the Global Journal of Community Psychology Practice – Promoting Community Practice for Social Benefit (Volume 1, Number 1, January 2010)*. It proposes a structured approach aimed at ensuring continuity of actions, knowledge transfer, and the progressive ownership of activities by the community and healthcare network partners.

Reflective and Sustainability questions

From the outset of the project, the Mawlugutinej team incorporated an ongoing reflection on sustainability in order to identify the community's real needs, the desired changes, the actions to be sustained, and the resources required to maintain them.

This process also aimed to clarify shared responsibilities among partners, support the community's progressive autonomy, and ensure the long-term integration of activities into practices and services.

Appendix 2 : Integrated Health Model with Shared Responsibilities



SHARED RESPONSIBILITIES FOR CANCER CARE AND ONCOLOGY SERVICES : LISTUGUJ COMMUNITY HEALTH SERVICES/CISSS DE LA GASPÉSIE/SANTÉ QUÉBEC

As part of the *Mawluqutinej* project, the teams from the CISSS de la Gaspésie and Listuguj community health services have defined a structured and concrete operational framework to ensure a coherent, equitable, and safe sharing of responsibilities between Indigenous health authorities, the CISSS de la Gaspésie, and the facilities within the integrated cancer care network.

This framework is based on a nation-to-nation partnership and constitutes a structuring approach aimed at ensuring accessible, safe, continuous, and culturally appropriate cancer care, while respecting the principle of self-determination of the members of the Listuguj, Mi'gmaq community.

Clarifying responsibilities for Greater Efficiency

Listuguj Community Health Services

- Leadership in organizing community services, including promotion, screening, and user support;
- Integration of cultural and community approaches across all care pathways;
- Interoperability between Listuguj, Family Medicine Groups (GMF), and the Integrated Health and Social Services Centre (CISSS) for managing the care process (controlled data access for targeted needs);
- Local coordination and citizen engagement around health issues;
- Active contribution to the evaluation and adaptation of services.

Santé Québec and the Gaspé Peninsula Integrated Health and Social Services Centre (CISSS de la Gaspésie)

- Guaranteed access to specialized services, diagnoses, and treatments;
- Implementation of secure service pathways, including liaison mechanisms for critical outcomes;
- Clinical support, knowledge transfer, and harmonization of practices according to recognized standards (including those of INESSS);
- Support for structuring interoperable information systems and performance monitoring.

Cancer Directorate of the Ministry of Health and Social Services, Quebec Cancer Program, MSSS

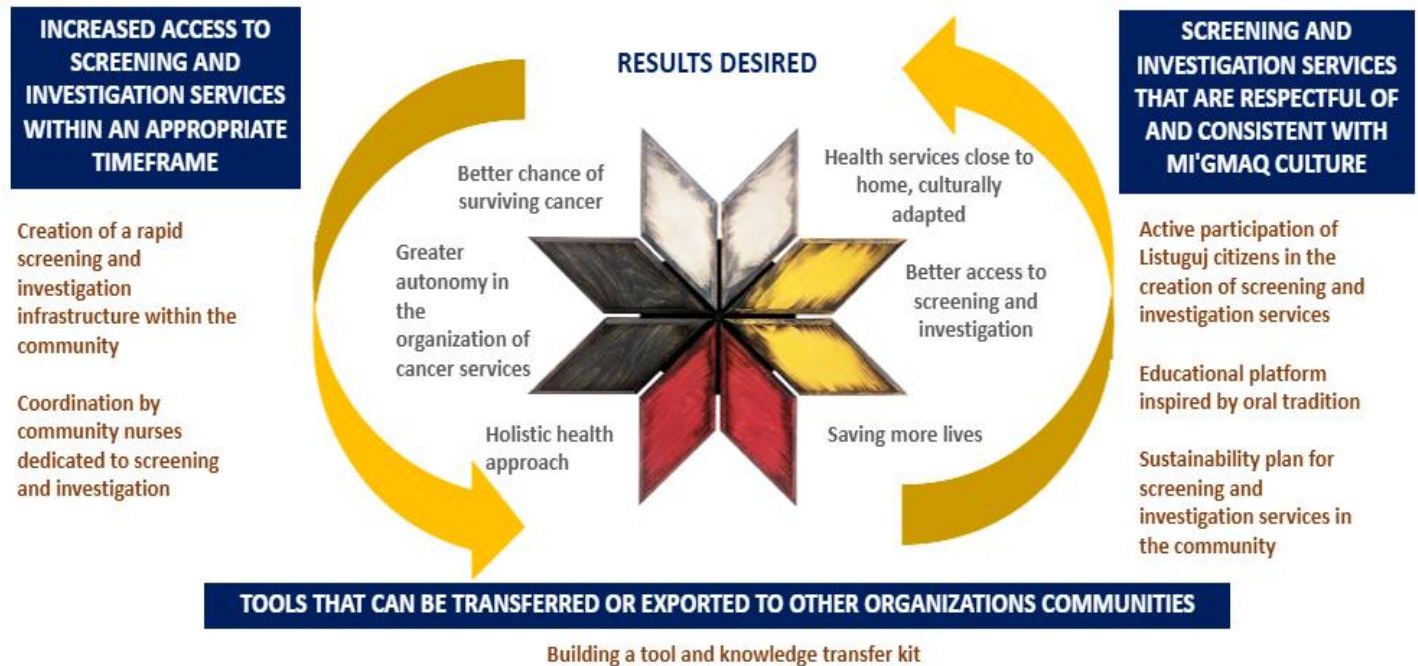
- Support for adapting cancer care pathways;
- Support for training, innovation, and cultural safety;
- Support for health and cancer service orientations

At the heart of this approach is the recognition that Indigenous health services possess unique expertise, deeply rooted in the culture, values, languages, and local realities of their communities.

Appendix 3 : Project Deliverables

Mawlugutinej project deliverables

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Goal: To ensure greater participation of Mi'gmaq citizens in rapid investigation screening thereby improving experience and outcomes.

Appendix 4 : Guide to Trust-Building Actions

(A version with improved graphics is currently being written.)

GUIDE TO TRUST-BUILDING ACTIONS

COORDINATION AND WRITING

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MAWLUGUTINEJ PROJECT

March 2026

1

TRUST: THE THREAD THAT GUIDES OUR PATH

Within the framework of the Mawlugutinej project, our collaboration was not limited to the development of a service offering. Above all, it was a shared Journey, a path traveled together, which allowed us to build strong and lasting trust while improving access to screening services for our community.

Trust cannot be decreed: it is born from concrete and repeated actions, based on respect, authentic relationships, a true partnership and a lasting commitment.

Like a star guiding the traveler, we shared our knowledge, illuminating the path of the great Mawlugutinej team. Our approach was thus structured around four relational paths, true beacons guiding each of our actions and decisions.

These different paths are not mere steps: they embody our way of working together – Mawlugutinej, respecting our knowledge, our culture and our choices.

The examples presented in the following section reflect what we, members of the Listuguj Mi'gmaq community and the Mawlugutinej team, have identified as the actions that have contributed most to building trust during this project.

For us, each of these actions represents much more than a simple activity or a step in the process. They demonstrate a sincere desire to listen, understand, and work together while respecting our knowledge, our culture, and our priorities.

The Listuguj team



WALKING THE PATH OF RESPECT



Key values	Recognized examples that generate trust	Observed effects on the relationship
Recognition of history	• Organizing community discussion circles creates an intentional space for health professionals to listen and learn from Mi'gmaq history narratives, family values, and lived experiences with the health care system, while openly naming and addressing colonial barriers and Indian Act-rooted misconceptions that influence access to care and services. • Invite seniors to share their lived experiences with healthcare through video stories and ensure that these testimonies are meaningfully transmitted to the CISSS in order to inform, influence and strengthen the provision of culturally safe and adapted services. • To foster understanding of Indigenous history, realities and perspectives, while creating meaningful opportunities for sharing and listening that recognize and celebrate the richness of Mi'gmaq culture.	A better understanding Indigenous realities among professionals.
Cultural security	• Present the project and its evolution to the Band Council, while recognizing its political and community role in guiding health priorities. • Have the orientations, objectives, decisions and action plan validated by the management of Listuguj Community Health Services to ensure their alignment with community priorities. • Implement mandatory training on Indigenous cultural safety for all CISSS professionals, integrating oral narratives from Elders and community members living with chronic illness as a central element of the training.	Common ground to begin a collaboration.

4

	• Recognizing the physicians and clinicians at the Listuguj Health Centre as leaders in the organization and planning of services, guided by their experience with Mi'gmaq patients and by the principles of self-determination, in order to align services with the priorities and needs of the community.	
Respect for community priorities	• Adapt project activities to local priorities and events. • Identify, in partnership with the community, the barriers to accessing services, commit to addressing them progressively and ensure clear, consistent and transparent monitoring of progress made and results achieved. • Develop and implement a training plan tailored to the team's needs and service delivery methods, promoting continuous learning and capacity building as the project evolves. • Provide ongoing support from designated individuals, based on a relational approach, to support on-the-job learning and skills development throughout the project.	A openness to teamwork.



FOLLOW THE PATH OF FRIENDSHIP, CREATE GENUINE CONNECTIONS

Key values	Recognized examples that generate trust	Observed effects on the relationship
Stability of relationships	• Ensure the availability of designated CISSS resources, trained in Indigenous cultural safety, and mandated to be constant points of contact throughout the project (2 to 3 people). • Set up small integrated working groups (2 to 3 people), composed of clinical, managerial and strategic representatives from the CISSS and Listuguj teams, to support coordinated, agile and effective collaboration. • Provide accessible and flexible communication channels within and between teams (e.g., telephone, email) to facilitate rapid and needs-based communication. • Maintain regular meetings, including weekly in-person meetings for some team members, to share progress, co -create tools and resources, address challenges, and adapt project actions collaboratively. • To foster strong relationships based on trust, mutual respect, open communication and ongoing collaboration.	Developing strong human connections. Communication facilitated.
Developing an authentic relationship	• Being present in the community by participating in its activities, and not just in official meetings. • Create open spaces for dialogue to allow everyone to express their concerns, ideas and experiences, whether through meetings, dinners or fieldwork sessions.	Interactions become more authentic and collaborative,

	• To offer concrete support that goes beyond tasks strictly related to the project. • Participate in important community moments and show a genuine interest in its life and culture. • Ensure the participation of CISSS physicians, clinicians and managers trained in Indigenous culture and possessing listening, openness and leadership skills. • Adopt a posture of humility by acknowledging one's mistakes and sincerely committing to doing things differently. • Honoring commitments made by demonstrating consistency and reliability. • Promote local expertise by publicly recognizing stakeholders and allowing them to be spokespeople for the project. • Celebrate successes together and share results with the entire community team.	even in the face of difficulties .
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STAY ON THE PATH OF SUSTAINABLE DEVELOPMENT

Key values	Recognized examples that generate trust	Observed effects on the relationship
Information sovereignty	• Plan the project budget in partnership with the Listuguj team, ensuring shared governance, joint monitoring and transparent management of funds. • Provide ongoing administrative support for the co - construction and monitoring of the project plan, including translation into English and Mi'gmaq, to ensure accessibility and alignment with the Listuguj team. • Promote an open and transparent dialogue on the constraints and limitations of the project, collaborating to identify realistic solutions, informed by the community and rooted in local realities. • Ensure that all data is presented to and validated by the community before any external dissemination, respecting the principles of respect, transparency and community ownership, and strengthening the community's authority over how data is shared and used. • Support the coordinated organization and management of clinical screening data in partnership with the Listuguj Community Health Services team, Myle and the CISSS IT teams, ensuring alignment, data integrity and effective management. • Evaluate the results jointly with the community team, including through surveys on the experience of users of screening clinics.	Establish a lasting culture of trust and continuity of relationships that extends beyond project timelines.

Self-determination	• Entrust the direction and management of the project to a manager from the community in order to guarantee local authority in the implementation of the project's objectives and the guidance of actions on the ground.	Promote community self-determination.
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	• Share the results transparently with the community, in order to support continuous improvement and adaptation of services.	
Think about sustainability from the start	• Plan for long-term collaboration, beyond pilot projects, with clear and evolving agreements. • Respect the language and practices of the community, ensuring that all messages are validated by it. • Supporting self-determination and local governance, by enabling the community to define its priorities and manage certain services. • Supporting local capacities through training, knowledge transfer and long-term mentoring. • Maintaining ongoing dialogue and stable partnerships, even after the end of initial funding.	Consolidation of a stable and lasting relationship between the community and partners.

Appendix 5 : Results of the mammography satisfaction survey

Mawlugutinej & Listuguj Community Health Center Sara Mobile Mammogram Clinic Client Satisfaction Survey 2025

Please select one response for each statement.

W = 69

Section 1: Greeting & Check-In Experience

1.1 I was satisfied with the way I was greeted when I arrived. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

1.2 I was clearly informed about the process when I checked in. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

Section 2: Accessibility

2.1 The clinic location was easy to access. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

2.2 The building and exam area were accessible and easy to navigate. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

2.3 Transportation options (if used) met my needs. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

Section 3: Cleanliness

3.1 The exam room was clean and well-maintained. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

3.2 The floors and common areas were clean. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

Section 4: Exam Experience

4.1 The technician's manner made me feel comfortable and respected. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

4.2 The instructions/information given during the exam were clear and helpful.

☐ Satisfied ☐ Neutral ☐ Unsatisfied



Section 5: Comfort

5.1 The room temperature during my appointment was comfortable. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

5.2 The noise level during my visit was appropriate and not disruptive. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

Section 6: Overall Experience

6.1 The staff treated me with respect and professionalism. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

6.2 My overall experience with the Mobile Mammogram Clinic was positive. **100%**

☒ Satisfied ☐ Neutral ☐ Unsatisfied

Section 7: Scheduling – New Format

7.1 Did you receive your invitation letter this year?

☐ Yes **45%** ☐ No **55%**

7.2 How do you prefer to schedule your mammogram?

☒ I like when someone calls me to schedule my mammogram **99%**

☒ I like to call the appointment center myself

Additional Comments by patients from 2024+ 2025 Mammogram clinic surveys

Thank you!!! I am very happy. It is easily accessible!

Mobile screening is a wonderful way to be screened!

Great service in community!

This was the 1st time for me the service was very professional and I am happy!

Ladies are so kind and gentle!