

Our Experience of Co-Creation in **Cancer Screening**



Tracey Metcalfe

Mawlugutinej: Working Together

The Mi'gmaq Listuguj Community Health Services and
CISSS de la Gaspésie Collaboration

JUNE 2026

COORDINATION

Christine Arsenault, MSc, Clinical-Administrative Co-Manager in Oncology, Centre intégré de santé et de services sociaux (CISSS) de la Gaspésie and Tanya Webster, Mawlugutinej Project Manager, Listuguj Community Health Services

MAWLUGUTINEJ CO-CONSTRUCTION TEAM

Listuguj Community Health Services (LCHS)

- Donna Metallic, Director of Health
- Jennifer Caplin, Nurse in Charge
- Tanya Webster, Project Manager
- Melissa Lavoie, Licensed Practical Nurse
- Katrina Guitard, Registered Nurse
- Laura Leclerc, Registered Nurse
- Dr. Jean-Paul Dedam, Family Physician
- Cindy Isaac, Assistant Director
- Pamela Isaac, Elder
- Bruce Fitzgerald, Computer Technician

Centre intégré de santé et de services sociaux (CISSS) de la Gaspésie

- Catherine Leblanc, RN, Clinical Nurse Oncology
- Christine Arsenault, MSc, Clinical-Administrative Co-Manager in Oncology
- Dr. Luce Picard, MD, CFPC, FCFP
- Dr. Marie-Claude Thériault, MD, Radiologist, Medical Co-Manager, Early Cancer Investigation Desk Director
- Dr. Pierre Carignan, MD, Specialist in Internal Medicine, Medical Co-Manager in Oncology
- Dr. Wilber Deck, MD, Physician of Public Health and Preventive Medicine
- Dre Nathalie Guilbeault, DMSP, Director of Oncology
- Martin Pelletier, Chief Executive Officer (CEO)
- Matthew Munro, Executive First Nations Advisor and English Language Respondent

Quebec Cancer Program, Ministry of Health and Social Services

- Dr. Jean Latreille *MDCM, FRCPC*, National Director
- Mélanie Morneau M.Sc., MBA, Director
- Rose-Marie Caron-Guay, B.Sc. Inf., Advisor, Assistant Directorate of Screening and Surveillance
- Hélène Lizotte, RN, M.Sc., Assistant Directorate of Screening and Surveillance

A special word for Dr. Jean Latreille

Behind the scenes, he helped build bridges between the health network and the reality on the ground, facilitating the emergence of the Mawlugutinej project. He is a recognized hematologist and medical oncologist and has been the National Director of the Quebec Cancer Program (MSSS) for many years. He embodies a humane vision of cancer care based on collaboration and equitable access for communities.



Dr. Jean Latreille © lesmotsetlesgestes.org

Research, interviews, content creation, writing and translation

Benoit Trépanier, Management and Communication Consultant

English Editing and Proofreading

Juliana Beebe

French Editing and Proofreading

Marie-Ève Allard

Graphic Design

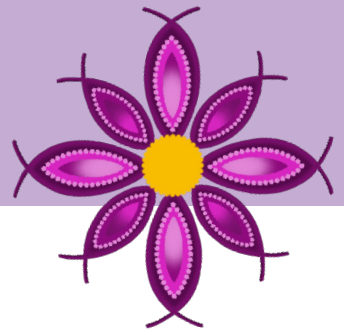
Fleurdélise Dumais

Artwork on Cover Page (Courage)

Tracey Metallic, Listuguj Mi'gmaq Artist

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Foreword

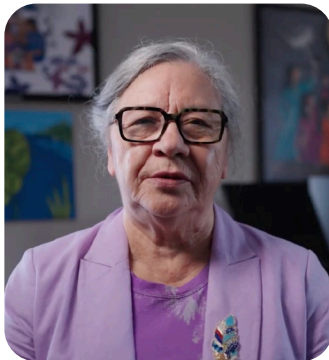


© Listuguj Mi'gmaq Government

Chief and Council are proud of the outstanding work of the Mawlugutinej Early Cancer Screening Project team and all the parties involved in this project. Listuguj is proud to have this important initiative in our community, providing early cancer detection screening services delivered by our own nurses for our community members. Hearing presentations from cancer survivors highlights the importance of early detection and reminds us that regular screening can save lives. Together, we are strengthening the health and well-being of our community through awareness and early detection.

SCOTT MARTIN, CHIEF

Listuguj Mi'gmaq Government (LMG)



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Mawlugutinej is a collaborative project between the Listuguj Community Health Center clinical team and the CISSS de la Gaspésie. This project supports the values of the Mi'gmaq including cultural safety and humility. It meets our expectations of improved cancer screening/early detection, addresses inequalities and barriers in accessing quality health care adapted to our culture, improves navigation of the Quebec health care system and improves access to cancer screening and provision of better information to patients living with cancer.

This project was designed utilizing the OCAP® Principles of Ownership, Control, Access and Possession which express the necessary authorities, structures and processes for First Nations self-determination and self-governance over their individual and collective data, information and knowledge.

DONNA V. METALLIC

Director, Listuguj Community Health Services (LCHS)



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This document does not teach how to work with the Mi'gmaq. Rather, it is a testament to what we have learned from walking side by side in the Mawlugutinej project. For the CISSS de la Gaspésie, this project was an opportunity to learn, adapt our ways of doing things, and enrich ourselves through contact with Indigenous culture. We are proud to present this human experience that speaks of care, trust, and a new way of working together.

MARTIN PELLETIER

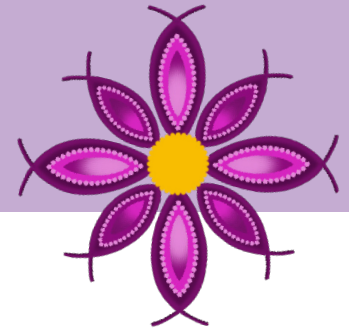
CEO, Centre intégré de santé et de services sociaux (CISSS) de la Gaspésie

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The Mi'gmaq of Gespe'gewa'gi



PRESENCE AND TERRITORY

The Mi'gmaq of Gespe'gewa'gi have called this land home since time immemorial. Gespe'gewa'gi is the seventh district of Mi'gma'gi, the ancestral and unceded territory of the Mi'gmaq people. It encompasses the Gaspé Peninsula, parts of Lower Saint Lawrence and Northern New Brunswick, and the Magdalen Islands and Anticosti Island. Three communities live here: Gespeg, Gesgapegiag, and Listuguj.

Like other First Nations and Inuit communities in Quebec, we hold a deep connection to this land. The federal government's creation of reserves is a very recent development in our long history—yet we have moved across and lived on this entire territory for tens of thousands of years.



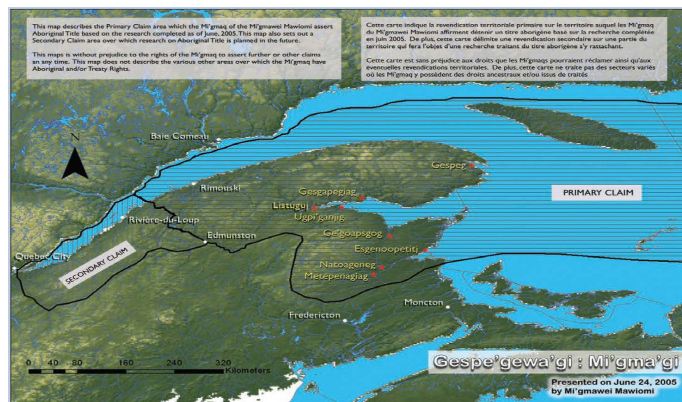
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DONNA V. METALLIC

Director
Listuguj Community
Health Services

We need to be part of the land. It gives us life. We must take care of our health, but we also must take care of the land because it is who we are as First Nation People.

Figure 1 — Unceded Mi'gmaw Territory of Gespe'gewa'gi



Source: Mi'gmawei Mawioimi Secretariat

Our language, culture, and history are all shaped by the land. It is as vital today as it has always been. In the Mi'gmaq and broader First Nations understanding of health—one that is inherently holistic—the land is part of a person's overall well-being. To have access to the territory is to have access to our history, language, culture, traditional activities, and the wisdom of our ancestors.

→ WATCH

[Laissez-nous raconter](#), Kim O'Bomsawin, CBC—FN members share their ideas on Territory, Identity, Reparations and Spirituality (French).

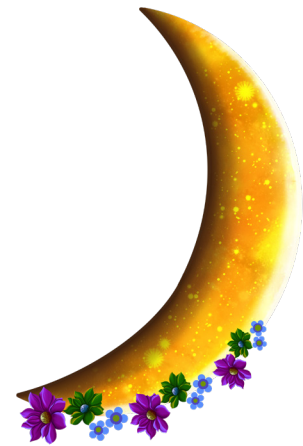
→ READ

[Nta'tugwaqanminen](#), Gespe'gewa'gi Mi'gmawei Mawioimi - Our story: Evolution of the Gespe'gewa'gi Mi'gmaq

[Nm'tginen – Mn'mnaq ejigligmuetueg gis na naqtmueg](#), Mi'gmawei Mawioimi Secretariat – Mi'gmaq History, Culture and Territory

COLONIZATION— A HISTORY OF RUPTURES FOR FIRST NATIONS

European colonization inflicted deep and lasting trauma on First Nations communities across Canada. Banning access to the land and forbidding the practice of centuries-old traditions and cultural ways severed the transmission of knowledge, traditions, and spiritual practices.



In Gespe'gewa'gi, fishing and hunting were banned for the Mi'gmaq for generations, cutting us off from the sustenance our land had always provided. The push toward Christianity also pushed traditional spiritual practices, like smudging and sweat lodges, to the margins.

The Mi'gmaq of Gespe'gewa'gi were not spared by the residential schools. Many experienced the Shubenacadie Residential School in Nova Scotia, as well as Indian Day Schools—settler institutions embedded within communities that pursued the same goals of forced assimilation.

In Quebec, residential schools tore thousands of children from their families. Many suffered physical, psychological, and sexual abuse. For those who did return home, the severed family bonds left some parents unable to develop parenting skills, and grandparents unable to pass on their knowledge of the land, culture, spirituality, and healing.

As noted by Donna V. Metallic, **“Trauma does not go away with one generation. It leaves marks because of unresolved issues that are passed on.”**

For any health professional, it is essential to understand that this historical trauma has created a deeply ingrained mistrust of settler institutions, including hospitals. Because they do not feel safe, many Indigenous people end up forgoing the care they urgently need.



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JEAN-PAUL DEDAM, MD.

Listuguj Community Health Services

As a default, physicians are used to a certain level of trust given to us automatically. I think that doctors need to understand that, because of our history, that trust must be earned among First Nations patients. It is not automatic. You must listen to the patient and acknowledge the patient's needs and beliefs. You must be knowledgeable about history.

Residential schools and the many other traumas in First Nations' history have built deep walls of distrust—particularly toward institutions, and that very much includes medical institutions and physicians.

CULTURAL SAFETY

An approach to the provision of care and services that aims to create safe environments for Indigenous populations, including practices that are culturally sensitive and free from discrimination.

Source: Office québécois de la langue française, 2025.

→ WATCH

[Remembering Residential Schools](#), Canada Parks—RS survivors telling their stories.

[WaaPaKe \(Tomorrow\)](#), National Film Board, Jules Arita Koostachin. The intergenerational impacts of RS.

→ READ

[Reflections on indigenous health care](#), Canadian Family Physician, Pascale Breault.

[Indigenous Health Primer](#), Royal College of Physicians and Surgeons of Canada, chaps. three and four on the importance of being knowledgeable about history and trauma when providing care to Indigenous People.

→ READ AND WATCH

[The Decolonial Toolbox](#): Educational Pathway, Mikana.

UNEQUAL DEVELOPMENT AND BARRIERS TO HEALTH CARE

For Indigenous people in Quebec, receiving the same quality of care as any other Québécois can be a real struggle—historically and, unfortunately, still today.

Quebec's health care system puts First Nations and Inuit people up against barrier after barrier. The most obvious being distance and language. Many communities are hours from the nearest hospital. More than half of Quebec's Indigenous communities primarily speak English—a serious obstacle when dealing with health care workers who speak only French.

First Nations and Inuit people also face discrimination rooted in ignorance, prejudice, and stereotypes. They must navigate a system that was built without consideration for their cultures or their specific needs.

As you will see in the Mawlugutinej project presented below, even today, we have had to overcome major obstacles to implement an early cancer screening program in the community of Listuguj. The major pitfalls and barriers to preventive health care and screening are well described in the August 2021 issue of *Canadian Family Physician*, [Improving Screening for Indigenous patients](#). Figure 2 on next page is taken from this article.



70 KM

Distance from Listuguj to Maria Hospital

48%

Proportion of health care workers working outside of Quebec urban centres who can conduct a conversation in English. (Stats Can. 2021)

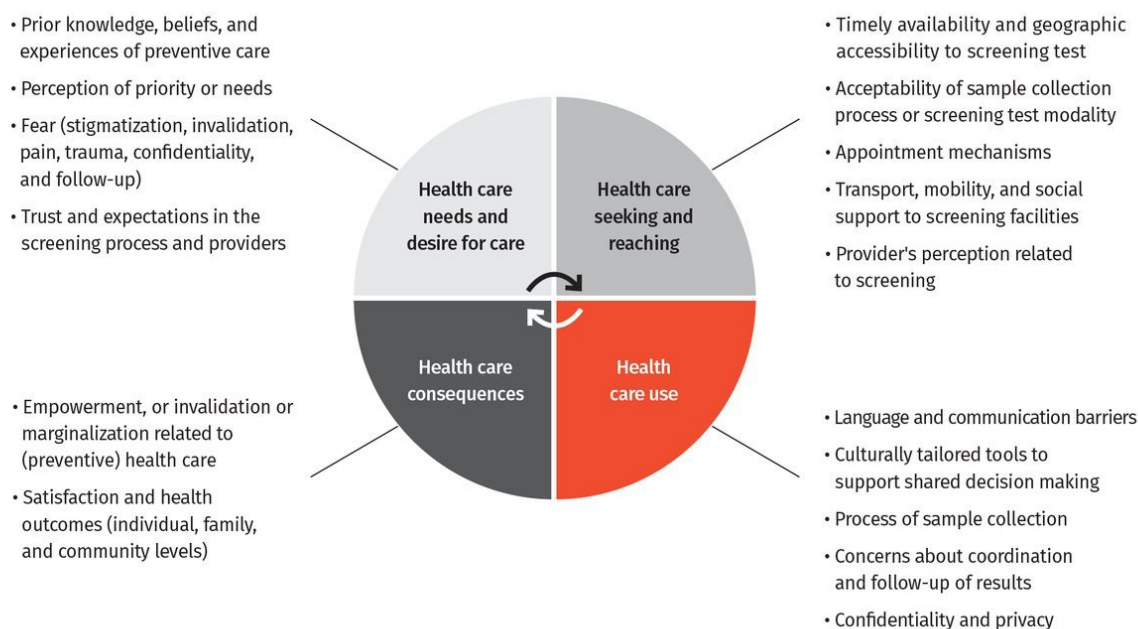


BETWEEN 10 AND 15%

Listuguj members who report being able to conduct a conversation in French (Stats Can. 2021)

* Note: French language and directives given by health staff can sometimes sound harsh and disrespectful to Indigenous people even if it was not intended.

Figure 2 — Circle of pitfalls and barriers to accessing preventive health care and screening



Adapted from Levesque et al conceptual framework.^{10,12,13,17,20-22}

Source: The Canadian Family Physician, Vol 67, august 2021.

Despite everything, First Nations and Inuit communities in Quebec have shown remarkable, enduring resilience. Today, Indigenous communities are actively reclaiming control over their own well-being. A major milestone was reached with the creation of the [First Nations of Quebec and Labrador Health and Social Services Commission \(FNQLHSSC\)](#) in 1994. This marked a real turning point toward self-determination, providing both technical and political leverage. That being said, there is still a long road ahead before Quebec's health care system is genuinely culturally adapted and responsive to Indigenous peoples' needs.



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DONNA V. METALLIC

Director
Listuguj Community Health Services

When I started twenty plus years ago, I did not really rely on the system (Quebec Health System) because the system did not offer us anything. We managed with what we had.

→ WATCH

[Fondements du Principe de Joyce](#), Université de Montréal, Sandro Echaquan. (French)

[Le racisme systémique envers les Autochtones](#), Radio-Canada, Espaces autochtones. (French)

→ READ

[Improving preventive screening with Indigenous patients](#), Canadian Family Physician, Pascale Breault.

[Joyce's Principle](#), Official Website

[Our Right to Health](#), Assembly of First Nations. Recommendations for a holistic approach to the Seven-Generation Continuum of Care.

HEALTH AS SEEN BY THE MI'GMAQ

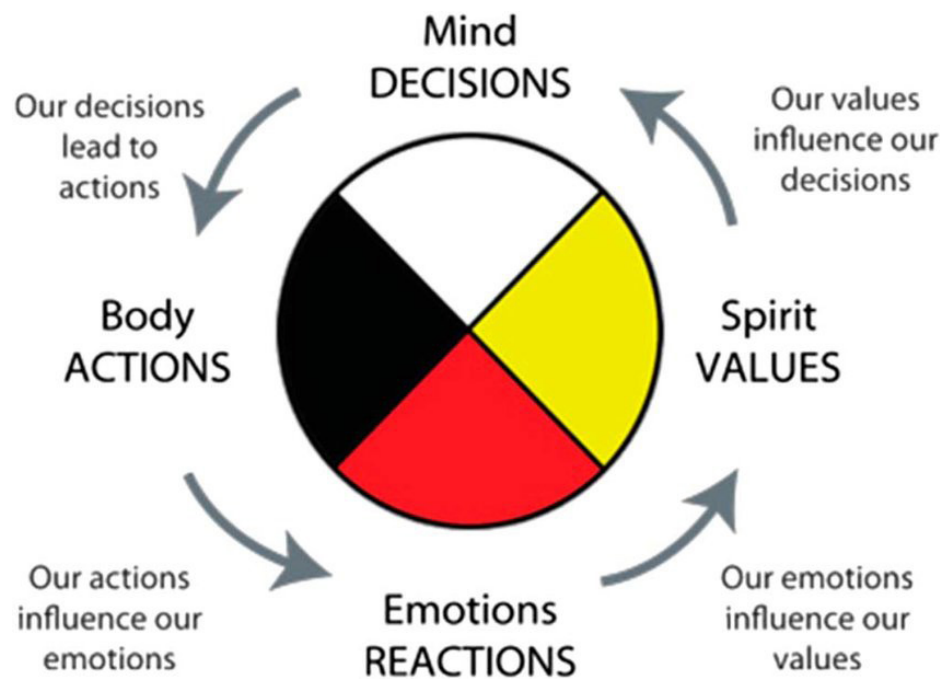
First Nation's Holistic Approach

First Nations have a holistic view of health that encompasses the physical, psychological, environmental, and spiritual dimensions. This is often represented by the medicine wheel (see example here). All four dimensions need to be in balance—in contrast to the conventional Western view, which tends to define health simply as the absence of symptoms. For Indigenous people, healing is a journey that requires active progress and intentional steps toward balance, supported by healers, elders, families, and the community. Healing does not mean returning to who you were before the illness; it means transformation into someone new.

Elders, Families and Communities as Protective Factors

In Indigenous communities, elders carry and pass on traditional knowledge, teachings, and healing practices. As guardians of their families' and communities' well-being, they play a key role in helping people learn to care for themselves. The health care system needs to recognize and support the presence of families and elders alongside a loved one on a healing journey—because that presence is itself a vital factor in wellness.

Figure 3 — Medicine Wheel



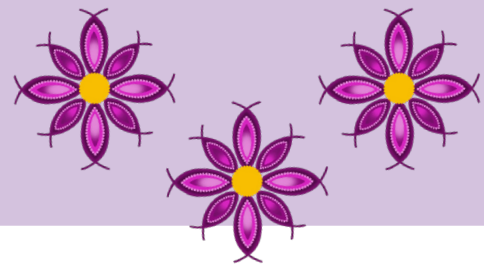
First Nations have a holistic view of health that encompasses the physical, psychological, environmental, and spiritual dimensions. This is often represented by the medicine wheel (see example here).

TRADITIONAL MEDICINE

Culture, language, and connection to the land also play a deeply important role in the health and development of Indigenous people. In combination with conventional treatments, “Traditional medicines from the land or territory of the Indigenous patient draw strength from and mutually reinforce Indigenous patients’ connection with their land and cultural teachings.”¹

What is important for Quebec health professionals to remember is that traditional healing practices may differ between and among First Nations, Inuit, and Métis peoples. However, access to traditional healing practices and traditional medicines is both a right and a way to improve holistic care for Indigenous people within health care systems.

1. Canadian Partnership Against Cancer, [Was there an integration of traditional medicine for those wishing to have it?](#)



TRADITIONAL MEDICINE CAN INCLUDE:

- Ceremonies (e.g., smudging, sweat lodges)
- Sacred medicines
- Elders’ prayers and guidance to promote an individual’s physical, mental, emotional and spiritual health and well-being (e.g., smudging, sweat tent)

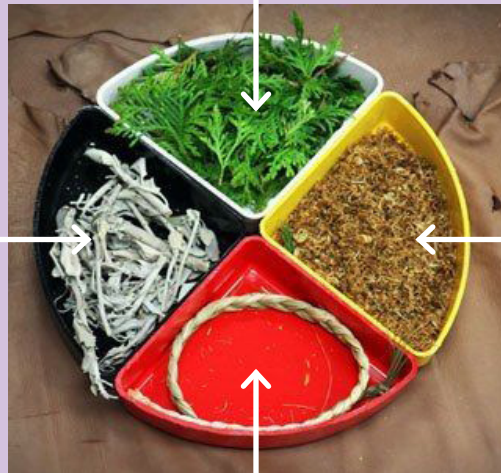
The Four Sacred Plants of the Mi’gmaq and Other Indigenous Peoples

Cedar (*Qaskusi*)

A protective plant, it is used to nourish the mind and promote clarity.

Sage (*Kjilmu’loqsitk*)

Used primarily for smudging, it helps dissipate negative energies from the body and mind.



Tobacco (*Tmawey*)

Considered the first medicine, it is used to communicate with the spirit world and as an offering of gratitude.

Sweetgrass (*Welima’qewe’l*)

Often braided to represent Mother Earth’s hair, it is burned for purification and to attract positive energies.

© Muskoka Indigenous Friends Cultural Centre

→ WATCH

[Testimony on approaching cancer in the Mi’gmaq community](#), Pamela Isaac.

[À la poursuite de la santé — Des communautés autochtones](#), Savoir Média. (French)

[Land & Sea: Mi’kmaw medicines in today’s world](#), CBC News, Nova Scotia.

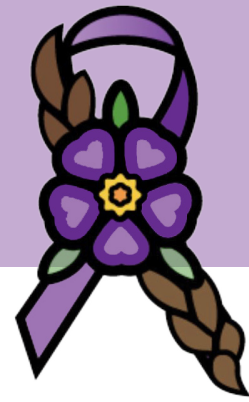
→ READ

[Les médecines traditionnelles autochtones utilisées de manière conjointe à l’exercice de la profession infirmière en communauté](#), Ordre des infirmières et infirmiers du Québec (OIIQ). (French)

[Les facteurs de protection chez les Premières Nations et les Inuit](#), OIIQ, *Perspective infirmière*, vol. 23, n° 1, p. 16. (French)

[Was there an integration of traditional medicine for those wishing to have it?](#) Canadian Partnership Against Cancer.

Mawlugutinej— Working Together



A PROJECT BY AND FOR THE COMMUNITY

At LCHS, our director's commitment to building ties with the CISSS de la Gaspésie had already paid off in recent years—earlier collaborations around telemedicine and clinical data sharing during the COVID-19 pandemic laid important groundwork. The Mawlugutinej early cancer screening project took that partnership further.

The project grew out of a concern that had been building in the Mi'gmaq community of Listuguj. For years, health authorities, the Chief and Council, and community members alike had noticed that too many people were dying of cancer—possibly at higher rates than elsewhere—and that people were being diagnosed at younger ages.

The CISSS de la Gaspésie had been reaching out, trying to understand the full picture. Among its staff, there was genuine concern for their Mi'gmaq neighbours and a real desire to act—alongside a frustrating sense of helplessness in the face of a system that simply was not built with First Nations in mind.

Then, in 2022, the CISSS produced a video on how to approach cancer care with Indigenous patients. In it, Pamela Isaac, a Mi'gmaq woman and cancer survivor, spoke about the cultural differences between Indigenous and non-Indigenous patients.

In 2024, Melissa Lavoie, a Mi'gmaq licensed practical nurse at LCHS, was asked to lead a cancer screening initiative. She and her colleagues knew something had to change—early screening rates in the community were



© Listuguj Community Health Services

MELISSA LAVOIE

L P N

Listuguj Community Health Services

We had a lot of ideas but needed help. Pamela Isaac put me in contact with the oncology staff at the CISSS, and I called.

extremely low, and there were almost no dedicated tools or resources to work with. A phone call to the CISSS's clinical-administrative co-manager in oncology was the spark that got things moving.

According to Matthew Munro, Executive Advisor for First Nations and the CISSS's English-language representative, the fact that the Mi'gmaq clearly expressed and drove the project through LCHS from day one was itself a guarantee of success. The project would be by and for the community. So often, programs designed for us but without us are set up to fail—but this time, genuine co-creation would be the foundation from the very start.

**That's when things began to happen.
This is when we realized that it was
important to sit around and collaborate.**

DONNA V. METALLIC

Director, Listuguj Community
Health Services



**THE PROJECT
EXPLAINED IN VIDEO**

Duration: 8 min 40 s



Mawlugutinej





BUILDING A RELATIONSHIP FIRST

For the Mi'gmaq of Gespe'gewa'gi, as for most Indigenous peoples, you do not jump straight into building programs together—you meet, genuinely listen to each other, and build a relationship first. And that is exactly what Christine Arsenault, the CISSS's clinical-administrative co-manager in oncology, did when she was called on for support.



© Jennifer Caplin

She made the 70-kilometre trip to LCHS with a CISSS physician, sat down with the team, and listened. Other physicians and public health staff joined subsequent meetings to ensure the community's needs were fully understood. Jennifer Caplin, the Nurse-in-Chief at

LCHS, reviewed the emerging project to ensure it was culturally appropriate. And, crucially, CISSS management met directly with the Chief and councillors to listen, share information, and explain.

In Quebec's Indigenous communities, Chiefs and Councils are the government in the same way that the Quebec government is for non-Indigenous people. They are not municipalities. Councils and their leaders manage an impressive and varied number of files, ranging from natural resources to employment, education, and health. They are responsible for the major programs and projects in their communities.

It gave me confidence, and I realized that people were really interested in helping First Nations on our territory.

DONNA V. METALLIC

Director, Listuguj Community Health Services



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TANYA WEBSTER

Project Manager
Mawlugutinej

To a Quebec health staff member who wants to work with us, I would say, first visit, come in and see how we do things, how we live, that's important.

In the Mawlugutinej project, taking the time to sit down with the Chief and councillors—to explain the objectives and what the collaboration could offer—helped build the trust needed to move forward and overcome major roadblocks.

→ WATCH

[Comment bâtir un engagement durable avec les Premiers Peuples sans le porter seul](#), Université du Québec, Table de travail sur les réalités autochtones, webinaire. (French)

→ READ

[5 Things to Know When Working with Indigenous Communities](#), Indigenous Corporate Training.

BREAKING DOWN SYSTEMIC BARRIERS



Listuguj has a long history of working alongside non-Indigenous health professionals. However until COVID-19, those collaborations had remained at the margins. The pandemic forced teams to share data and work more closely together. Other positive experiences—telemedicine, for example—gradually helped build a foundation of trust between the CISSS and LCHS in the years that followed.

It was the sheer complexity of the Mawlugutinej project that made it clear a much larger group needed to be at the table—LCHS, CISSS de la Gaspésie, and a range of other bodies across Quebec’s health system.

Table 1 on the next page provides examples of systemic barriers that had to be broken down before starting the project and the different bodies involved.



LANGUAGE BARRIER

- As 48% of Quebec health staff outside urban centres can hold a conversation in English, and 10 to 15% of Listuguj Mi’gmaq can hold a conversation in French, the language barrier has been an issue throughout the Mawlugutinej Project. Creative solutions were found, however. For example, significant translation efforts were made by GMF (Family Medicine Group) doctors to support Dr. Dedam’s integration, as well as to provide training documents in English.
- To avoid missed screening appointments due to mail or voicemail in French, the responsibility for contacting screening candidates has been transferred to LCHS staff, who may, if no response is received by phone, visit the person at home.



© Christine Arsenault

CHRISTINE ARSENAULT

Clinical-Administrative
Co-Manager in Oncology
CISSS Gaspésie

There were huge obstacles in our way, but thanks to mobilization from everyone and consultation at all levels, we managed to overcome them.



Table 1—EXAMPLES OF MAJOR BARRIERS TO THE PROJECT AND SOLUTIONS FOUND THROUGH MAWLUGUTINEJ

Barriers	Impacts	Solutions and Bodies Involved	Results
LCHS was not recognized as an establishment by the Quebec government, and Health Canada does not fund the hiring of doctors.	- No possibility of hiring doctors for the community—significant numbers of Listuguj community members without a family doctor. - No access to a clinical management laboratory information system—no screening possible within the community by Mi'gmaq staff. - No access to the DSQ (patient files) and other medical software for appointments and follow-ups.	- LCHS management worked with CISSS de la Gaspésie and the Quebec Ministry of Health, through its Quebec Cancer Program, to have LCHS recognized as an establishment. - A Mi'gmaq doctor was integrated into the local Family Medicine Group of the CISSS, with a license to practise in English within his community. - LCHS, together with CISSS de la Gaspésie and CISSS du Bas-Saint-Laurent, implemented laboratory services. - LCHS nursing staff received training to perform the main screening tests. - LCHS and CISSS de la Gaspésie IT teams worked closely to implement the DSQ, Radimage, and E-Remdez-vous at LCHS, with interoperability.	- In just a few months, several hundred Listuguj community members could register with a family doctor. - Listuguj health staff are now performing tests, investigating, and following up on the results of investigations within the community. - Follow-ups can be conducted by Listuguj staff, making the continuum of care much more efficient. - Early cancer screening rates have been on the rise since the beginning of the project.
The process for Mi'gmaq to obtain a Medicare card was too complex (e.g., requiring proof of residency to be signed by the Chief, inability to pay fees, and heavy red tape).	A significant number of Listuguj community members were unable to obtain a card and receive care.	The Quebec Ministry of Health, through its Quebec Cancer Program and the Régie de l'assurance maladie du Québec (RAMQ), worked together to adapt and simplify the rules.	- An LCHS staff member is now authorized to assist Listuguj community members with their applications and to attest to their proof of residence. - Significant increase in Medicare card holders in Listuguj.
Certain language and regulatory issues as well as a lack of knowledge of professional rules were an obstacle to obtaining the OIIQ's permit.	These barriers reduce the interest of some Indigenous youth in the profession, hinder licensure and contribute to the shortage of Indigenous staff in the health care system.	Several meetings were held between the LCHS team and OIIQ representatives in Listuguj to clarify and ease the application of the rules.	- Improves the recruitment of nurses from and for the community. - Increased trust in the OIIQ from the community.
Language and geographic barriers.	Difficulties accessing CISSS screening services were causing delays in screening, diagnosis, and care, exacerbating health inequities.	A team of Indigenous professionals has been trained to provide cancer screening in the community based on local values, culture and realities.	Were implemented: community-based HPV screening, mobile mammography services, and lung and colorectal cancer screening services.

RECOGNIZING FIRST NATIONS SELF- DETERMINATION AND EXPERTISE

First Nations are distinct in their ways of being. This difference needs to be recognized and respected. Any approach to working together must be grounded in respect for this difference.

For the Mawlugutinej project, the CISSS de la Gaspésie team learned to practise servant leadership—putting their clinical and organizational expertise at the disposal of the Listuguj community’s own priorities, timelines, and decisions, rather than defaulting to top-down authority. They provided tools and training to enable the community to do the work itself, on its own terms, in its own community.

This kind of collaboration strengthens self-determination. That broader movement toward Indigenous self-determination in health care is already well underway across Canada, as the resources at the bottom of this page make clear.



NON-INTERFERENCE

This concept is one of the hardest for non-Aboriginal people to understand. This involves not advising, persuading, or ordering someone to do something. In Mi’kmaq society (and many other North American First Nations), it is considered rude and judgmental to tell someone else how to do something or how to behave.

The acceptable way to guide desired behaviours is to tell stories of someone in similar situations and give examples of different types of consequences and what that was like for them. Then, let the person decide for themselves which path they would like to take.

Source: [Child Protection Services, Community Services and Seniors](#), Prince Edward Island’s First Nations.



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TANYA WEBSTER

Project Manager
Mawlugutinej

They (CISSS team) never presented themselves here with a vision of, this is what we’re going to do for the Listuguj community. It was more of; this is what we can offer. Can it work for you? And if it can’t, what can we do to make that work?

I can work with my knowledge, my culture, and my tools, and build something new. It’s very different from trying to fit into a box than it is to create our own system that works for us, which means something to our people and that supports our people.



→ WATCH

[Health and Wellness Governance BY and FOR First Nations](#), First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)

→ READ

[Supporting Indigenous Self-determination in Health](#), National Collaborating Centre of Indigenous Health



ADAPTING OURSELVES AND THE SYSTEM

Working across two very different cultures—the Mi'gmaq culture and the French-speaking Quebec culture—comes with its own set of challenges. Everyone involved in the Mawlugutinej project had to rethink their approach to their work or management style and have the humility to adapt their ways of doing things.



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EXCERPTS FROM A TESTIMONY CATHERINE LANDRY

RN, Clinical Nurse in Oncology
CISSS de la Gaspésie

How were your first meetings with the nursing team in Listuguj?

«When I started working on the Mawlugutinej project, I had no experience working with Indigenous people, and I spoke very little English. My first meeting did not really go as I had imagined. At the same time, my Mi'gmaq colleagues did not know me either, and it took time for us to get to know one another. They were really the ones who welcomed and included me. Then, when Tanya arrived as project manager, we were able to deepen our relationship and strengthen our interactions.»

How does it work now?

«I see that the Listuguj nurses like me. I learned a little more about their history as I worked with them. I have become a friend. We share news, travel photos, and meals.»

Did you have to change things about yourself or the way you work?

«Yes, for sure. At the hospital, I am always running. I had to unlearn that and start working at another rhythm. When I work with my colleagues at LCHS, there is no point in pushing; it is not going to work. We have to take the time, let people speak, and listen.»

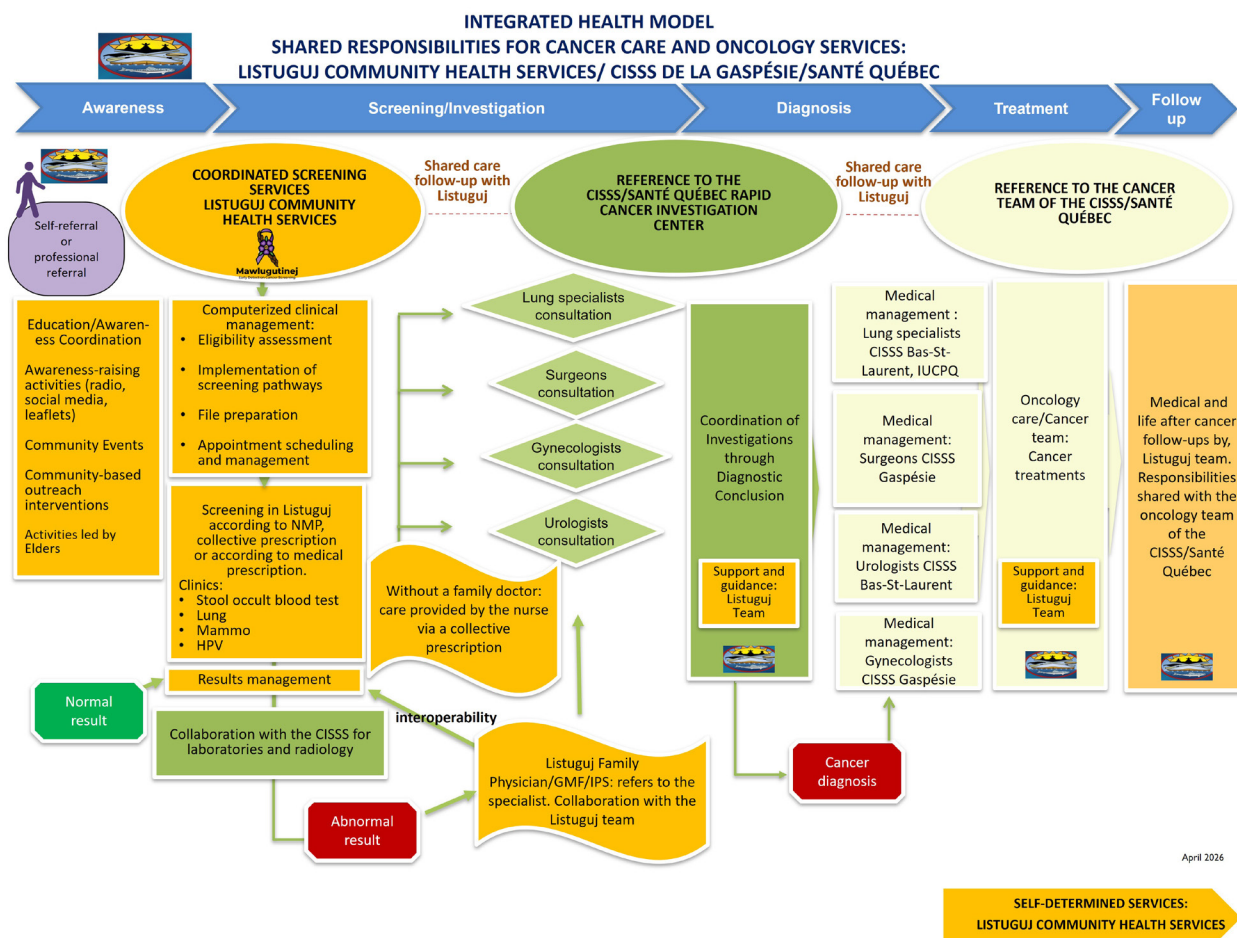
What advice would you give to a non-Indigenous health professional who is about to start working with an Indigenous team?

«I would say to remain open to differences and to build a human relationship beyond the professional relationship. I had to forget all my preconceived ideas, start from scratch, and make up my own mind. We need to understand the history and traumas of the Mi'gmaq. And above all, I had to avoid assuming things and admit that I did not know much about the Mi'gmaq before working on this project.»

For the Mawlugutinej project, everything has been adapted to ensure that Mi'gmaq culture and the context of the Listuguj community are taken into account: **governance, budget management, supply, care trajectories, and more.**

The Mawlugutinej project gave rise to something genuinely new. The CISSS de la Gaspésie and LCHS teams co-built an operational framework that distributes responsibilities across Indigenous health authorities, CISSS de la Gaspésie, and institutions in the integrated cancer services network. In the figure below, the purple and yellow elements show where responsibilities have been shared with or transferred to the LCHS team and the broader Listuguj community.

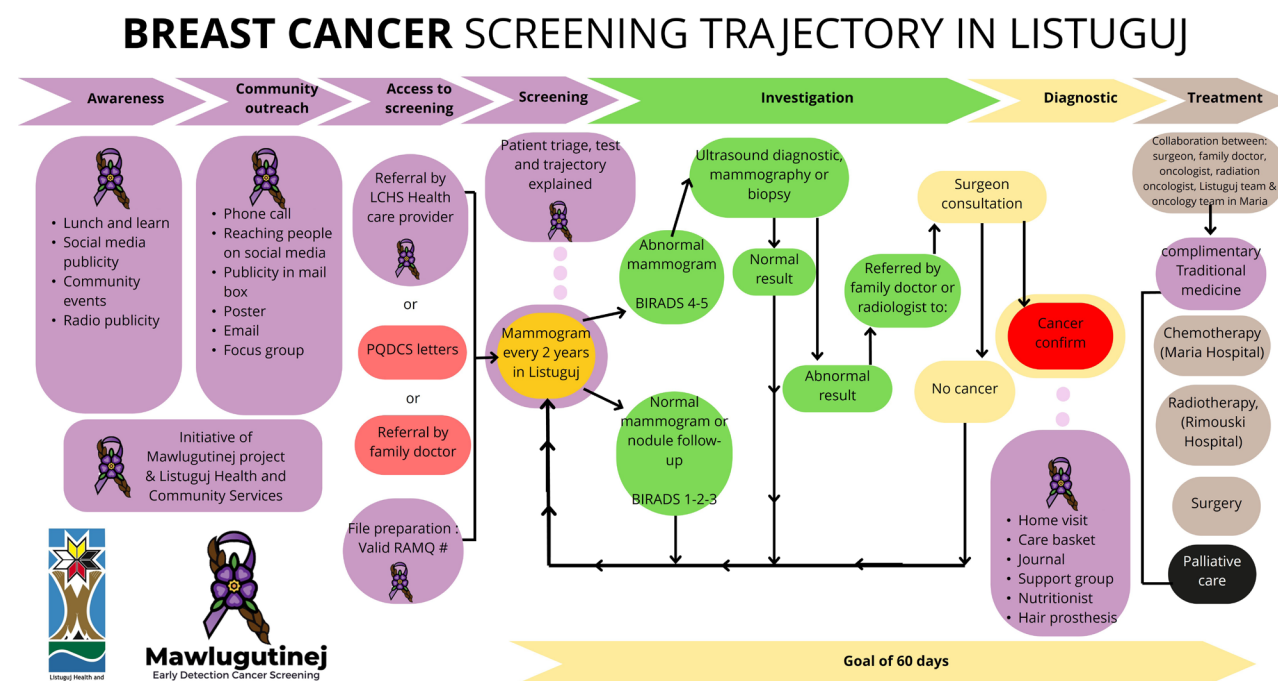
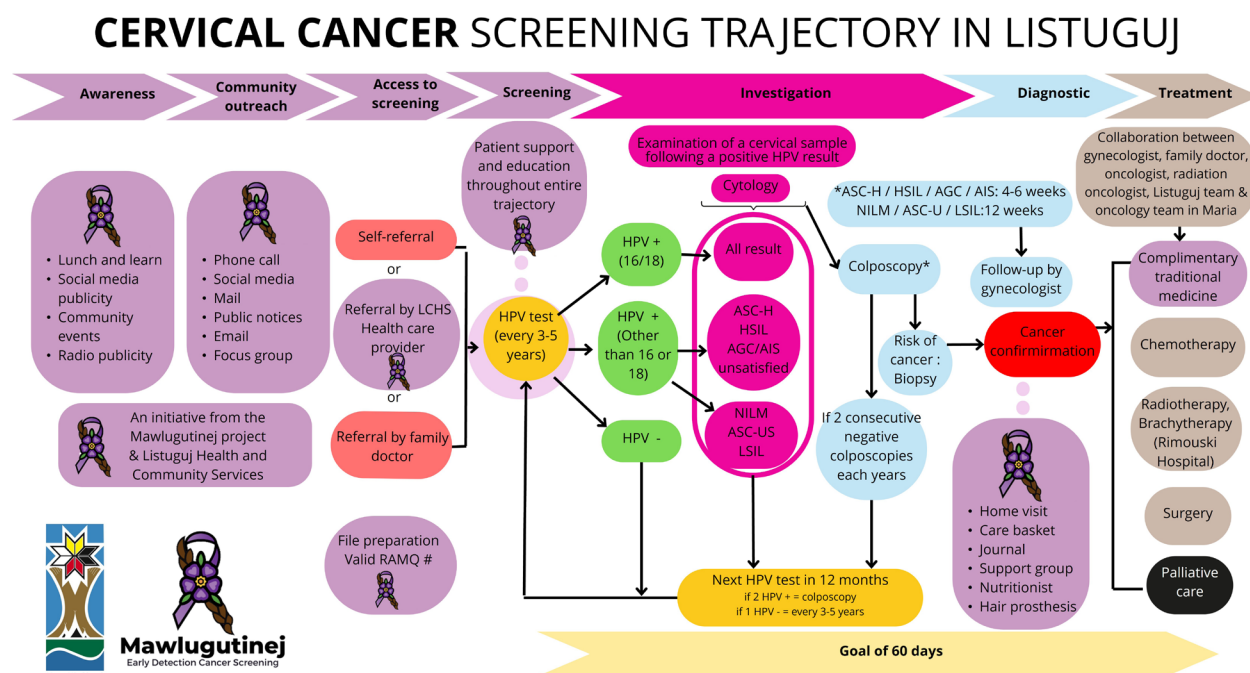
Figure 4 — Integrated Health Model



To put this Integrated Health Model into action, Santé Québec, through CISSS de la Gaspésie, signed a nation-to-nation agreement with the Listuguj Council to direct Canadian Partnership Against Cancer funding toward the Mawlugutinej project. From day one, the goal was to build LCHS's capacity to deliver accessible, safe, consistent, and culturally grounded cancer care to its community members.

A wide range of awareness and clinical tools were co-created as part of the project. LCHS and CISSS de la Gaspésie professionals worked side by side to develop awareness pamphlets, testimonial videos, educational videos, culturally adapted screening pathways, and much more. The figure below shows the breast and colon cancer screening trajectories, adapted to incorporate (shown in purple) the contributions of Listuguj professionals and community members.

Figure 5 — Culturally Adapted Trajectories





A CO-CREATION SUCCESS

The Mawlugutinej project stands as a powerful example of what successful co-creation between Indigenous and non-Indigenous professionals can look like. From the outset, a sustainability plan was co-constructed. This helped to develop a common vision for the future of Mawlugutinej, build trust, anticipate transition needs and support the transition from an innovative project to a sustainable service. The accomplishments highlighted below demonstrate just how deeply the two teams and cultures have come together.

- Support for the community in the organization of screening services through local governance by the LCHS team and a gradual transfer of knowledge and expertise from the CISSS/Santé Québec.
- Joint and transparent budget management, ensuring the targeted allocation of funds according to collectively defined priorities.
- Clinical support by a clinical nurse two days a week during the first year of the project and by CISSS physicians guaranteeing onsite training and quick access to specialized resources from the CISSS and the Québec Cancer Program.
- Commitment from the senior leadership of both the CISSS and LCHS to the project.
- Training provided to LCHS staff by CISSS nurses and doctors.
- Integration of Dr. Jean-Paul Dedam, a Mi'gmaq physician, into the local Family Medicine Group.
- Co-creation of adapted tools that respect local communication methods.
- Increased participation in screening among community members.
- A climate of trust fostered through collaborative problem-solving.
- And much more.

All of this integration work has strengthened the project's credibility and helped ensure that public and community resources were used to their fullest potential.



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JEAN-PAUL DEDAM, MD.

Listuguj Community Health Services

The family medicine clinic doctors have been very welcoming and helpful with translation and paper-work. They really made a difference in my smooth transition.

THE PROJECT IN NUMBERS

REACHED OUT

Reached 1,350 adult men and women

- 60 women aged 25 to 65 received HPV screening
- 146 women aged 50 to 75 received breast cancer screening
- 10 men and women received lung cancer screening
- 400 people now have access to a family doctor from the community, out of 1,250 community members who previously did not have one
- 95% of women attended their screening appointments
- 8 to 10 people per day, three days a week, benefited from specimen collection and follow-up services

For more details on these results or other achievements of the project, please read the Mawlugutinej Final Report.

OUTREACH AND ENGAGEMENT

- 600 people participated in more than a dozen awareness-raising events
- 500 people were reached through 12 social media posts
- 4 meetings held with a discussion group composed of survivors, Elders, and caregivers
- Nearly a dozen awareness-raising messages were broadcast on radio and other media
- Nearly twenty awareness-raising tools were developed and disseminated (e.g., videos, brochures, posters)

PEOPLE INVOLVED

42 people

- 19 from the CISSS de la Gaspésie
- 14 from Listuguj Community Health Services
- 3 from Gesgapegiag Health Centre
- 3 from the Quebec Cancer Program (MSS)
- 3 external resources

→ WATCH

VIDEOS PRODUCED AS PART OF MAWLUGUTINEJ

Screening Awareness

[Colon Cancer](#) by Dr. Jean-Paul Dedam

[Mammography](#) by Donna V. Metallic

[Human Papillomavirus \(HPV\)](#) by Tanya Webster

Testimonies of Survivors or Relatives

[Joanne Metallic](#)

[Kirt Dedam](#)

[Suzie Isaac](#)

[Veronica Vicaire](#)

THE PROJECT
EXPLAINED IN VIDEO

Duration: 8 min 40 s



Mawlugutinej



→ READ

DOCUMENTS PRODUCED AS PART OF MAWLUGUTINEJ

Pamphlets

[Breast Cancer](#)

[Cervical Health](#)

[Colon Cancer](#)

[Human Papillomavirus \(HPV\),
Positive Result](#)

Adapted Screening Trajectories

[Breast Cancer](#)

[Cervical Health](#)

[Colon Cancer](#)

Others

[Guide to Trust-Building Actions](#)

[Integrated Health Model](#)

[Mawlugutinej Final Report](#)

[Sustainability Plan between the
LCHS and the CISSS de la Gaspésie](#)

[Terms of Reference - Roles and
Responsibilities of the Screening
Team](#)

Training for Health Professionals

[Breast Health and Breast Cancer](#)

[Lung Cancer](#)

[HPV and Cervical Health](#)

BUILDING TRUST AND WORKING FOR THE LONG TERM

When the CISSS de la Gaspésie team first sat down with Chief Scott Martin of the Listuguj Council, he made one thing clear: any collaboration had to be built to last, and the community could not be left without support once the project was underway.

For the Mi'gmaq and other Indigenous peoples, this requirement for duration and stability is an integral part of

the culture. Decisions and actions are always made with the next seven generations in mind.

Another key condition was having a dedicated point of contact and liaison on each side—one person from the CISSS and one from LCHS—who would remain in that role for the duration of the project and beyond.



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**JEAN-PAUL
DEDAM, MD.**

Listuguj Community
Health Services

This cancer screening program is exactly what the community needs. It fits perfectly well with always thinking seven generations in the future, learning from seven generations in the past. Preventive medicine is much in line with First Nations values.

Having somebody like Tanya that calls the patient, reassures the patient, educates the patient really goes a long way.



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DONNA V. METALLIC

Director, Listuguj Community Health Services

We need somebody in the (Quebec) system to be an advocate for us and someone from our community as a liaison between the system and our community members.

→ READ

[Sustainability plan between the Listuguj Community Health Services and the CISSS Gaspésie](#)

Conclusion

The learnings from the Mawlugutinej project go far beyond clinical outcomes. They demonstrate the ability of organizations and communities to co-construct meaningful, adapted, and sustainable solutions. By investing time, resources, and a sincere willingness to do things differently, it is possible to reduce inequalities and improve access to care.

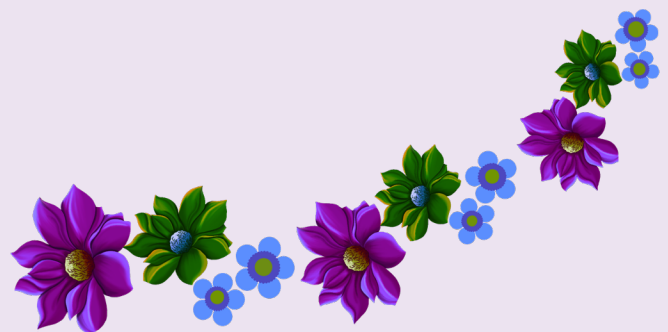
This project leaves a legacy of much more than structures or processes. It has paved the way for new, more respectful, and culturally grounded ways of collaborating. It has helped implement a culture of early screening within the community while building confidence and capacity.

The Mawlugutinej project has also helped to establish a lasting climate of trust between the partners. This trust is the result of patient, planned, and continuous work rooted in concrete actions. This in-depth work cannot be improvised or rushed. Without the project, within traditional structures, it would not have been possible to forge this strong link.

Sharing responsibilities in care trajectories is undoubtedly a major step forward in reducing health inequalities. By bringing services closer to living environments, respecting the choices and priorities of communities, and integrating the principles of cultural safety and shared governance, we contribute to a sustainable transformation of the health system. We can move from a model focused on the provision of services to one focused on the needs and realities of people.

The Mawlugutinej project is a solid starting point for working together to develop health services that are truly in line with the needs, values, and aspirations of Indigenous communities.

We are grateful for the work and commitment of all those involved in the Mawlugutinej Early Cancer Screening Project. Thank you to everyone who contributed to the success of this project, which is making a real difference for members of our Listuguj community in Gespe'gewa'gi and for generations to come.



The Mawlugutinej Project was made possible through the financial support of the Canadian Partnership Against Cancer.

“Angweiasultinej, na tujiw gisi ango’tesnu Innue’gati”

Taking care of our health honours our ancestors and protects future generations. Early detection gives us more options, more time, and more stories of survival to share with our community.

For more information on the Mawlugutinej
Early Detection Cancer Screening Program,
contact LCHS:

Listuguj Health and Community Services

6 Pacific Drive
Listuguj, Quebec

Phone: (418) 788-2155

Fax: (418) 788-3155



Mawlugutinej

Early Detection Cancer Screening



CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



Listuguj
MI'GMAQ GOVERNMENT

Centre intégré
de santé
et de services sociaux
de la Gaspésie

Québec



Resources

Note: All references in this document are drawn from Indigenous sources or reflect the perspectives of Indigenous people.

MAWLUGUTINEJ

Videos

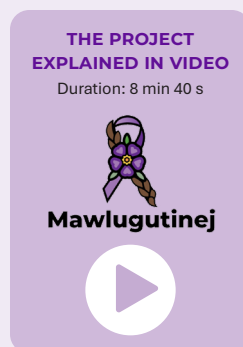
- [The Project Explained in Video](#)

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Testimonies of Survivors or Relatives

- [Joanne Metallic](#)
- [Kirt Dedam](#)
- [Suzie Isaac](#)
- [Veronica Vicaire](#)



Web Documents

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- [Cervical Health](#)
- [Colon Cancer](#)
- [Human Papillomavirus \(HPV\)](#), Positive Result

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- [Mawlugutinej Final Report](#)
- [Sustainability Plan between the LCHS and the CISSS de la Gaspésie](#)
- [Terms of Reference - Roles and Responsibilities of the Screening Team](#)

Training for Health Professionals

- [Breast Health and Breast Cancer](#)
- [Lung Cancer](#)
- [HPV and Cervical Health](#)

Resources

OTHERS

Videos

- [Laissez-nous raconter](#), Kim O'Bomsawin, CBC—4-episode documentary in which FN members share their ideas on Territory, Identity, Reparations and Spirituality (French).
- [Remembering Residential Schools](#), Parks Canada —RS survivors telling their stories.
- [WaaPaKe \(Tomorrow\)](#), National Film Board of Canada, Jules Arita Koostachin. The intergenerational impacts of RS.
- [Fondements du Principe de Joyce](#), Université de Montréal, Sandro Echaquan. (French)
- [Le racisme systémique envers les Autochtones](#), Radio-Canada, Espaces Autochtones. (French)
- [Testimony on approaching cancer in the Mi'gmaq community](#), Pamela Isaac.
- [À la poursuite de la santé — Des communautés autochtones](#), Savoir Média. (French)
- [Land & Sea: Mi'kmaw medicines in today's world](#), CBC News, Nova Scotia.
- [Comment bâtir un engagement durable avec les Premiers Peuples sans le porter seul?](#) Université du Québec, Table de travail sur les réalités autochtones, webinaire. (French)
- [Health and Wellness Governance BY and FOR First Nations](#), First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC)

Web Documents

- [Nta'tugwaqanminen](#), Gespe'gewa'gi Mi'gmawei Mawiomi – Our story: Evolution of the Gespe'gewa'gi Mi'gmaq
- [Nm'tginen Mn'mnaq ejigligmuetueg gis na naqtmueg](#), Mi'gmawei Mawiomi Secretariat – Mi'gmaq History, Culture and Territory
- [The Decolonial Toolbox](#): Educational Pathway, Mikana.
- [Reflections on indigenous health care](#), Canadian Family Physician, Pascale Breault.
- [Indigenous Health Primer](#), Royal College of Physicians and Surgeons of Canada, chaps. three and four on the importance of being knowledgeable about history and trauma when providing care to Indigenous People.
- [Our Right to Health](#), Assembly of First Nations. Recommendations for a holistic approach to the Seven-Generation Continuum of Care.
- [Improving preventive screening with Indigenous patients](#), Canadian Family Physician, Pascale Breault.
- [Joyce's Principle](#), Official Website
- [Les médecines traditionnelles autochtones utilisées de manière conjointe à l'exercice de la profession infirmière en communauté](#), Ordre des infirmières et infirmiers du Québec (OIIQ). (French)
- [Les facteurs de protection chez les Premières Nations et les Inuit](#), OIIQ, Perspectives infirmières, Vol 23, no 1. (French)
- [Was there integration of traditional medicine for those wishing to have it?](#) Canadian Partnership Against Cancer.
- [5 Things to Know When Working with Indigenous Communities](#), Indigenous Corporate Training.
- [Supporting Indigenous Self-determination in Health](#), National Collaborating Center of Indigenous Health