

Social Determinants of Health: Cancer Risk for American Indian and Alaska Natives

Webinar Report – February 22, 2022

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**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

Background

CDC's Division of Cancer Prevention and Control formed the Cancer Prevention Across the Lifespan (CPAL) workgroup in an effort to address cancer risk and protective factors at each phase of life. In previous years, the CPAL workgroup collaborated with external partners to conduct reviews of the literature and convene expert meetings to identify factors that influence cancer risk during every phase of life. This project will use the information gained from this previous work and apply it to the development of innovative resources to put evidence-based cancer prevention strategies into action using a lifespan approach. More information about the previous work of the CPAL workgroup is available on the CDC website <https://www.cdc.gov/cancer/dcpc/prevention/lifetime.htm>.

During the fourth year of this five-year project, we are focused on examining the risk factors for cancer in select population groups:

- American Indian/Alaska Natives (AIAN)
- Latinos
- Persons with Adverse Childhood Experiences (ACEs)

This report documents the results of a series of webinars conducted during Year 4 of this project. This first webinar, convened on February 22, 2022, focused on how social determinants of health impact cancer risk in the American Indian and Alaska Native populations. This webinar highlighted findings from a literature search and a discussion among subject matter experts about implications of findings of the literature search to future cancer research. Subsequent webinars will focus on Historical Trauma and Indigenous Evaluation.

Planning and convening the webinars

Discussions were convened with the International Association for Indigenous Aging (IA2) which was under contract to NACDD to collaborate with the AIAN workgroup to develop a series of webinars; a tentative schedule of webinars includes:

- **February 22, 2022:** Webinar #1: Social Determinants of Health: Impact on Cancer Risk on American Indian and Alaska Natives.
- **April 26, 2022:** Webinar #2: Historical Trauma: Impact on Cancer Risk for American Indians and Alaska Natives.
- **June 21, 2022:** Webinar #3: Indigenous Evaluation Framework

The first webinar was held on February 22, 2022, with 191 registrants and 124 attendees (excluding 8 panelists and technical assistants and 1 host). The speakers were Melissa Buffalo, CEO of the American Indian Cancer Foundation; Linda Burhansstipanov, Director of the Native American Cancer Research Corporation, Dr. Kevin Pottie, Professor of Family Medicine at Western University, Ottawa, Canada and Stephanie Melkonian, CDC.

Participant Demographics

The following demographics are from webinar attendee/participants.

Figure 1: Nearly 8 out of 10 participants are from the Public Health Practitioner Discipline.

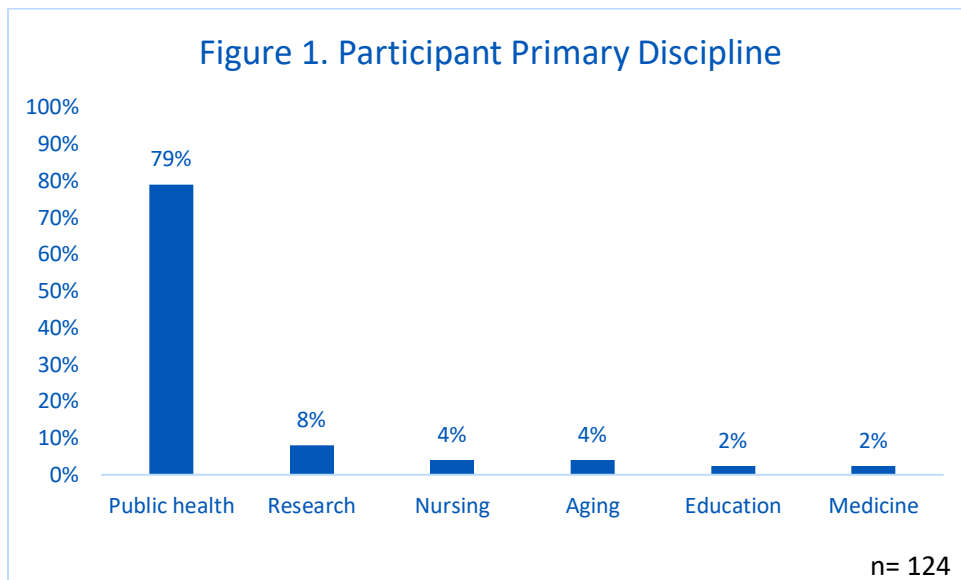


Figure 2. 58% of participants indicated that they represented a state/local or federal government agency.

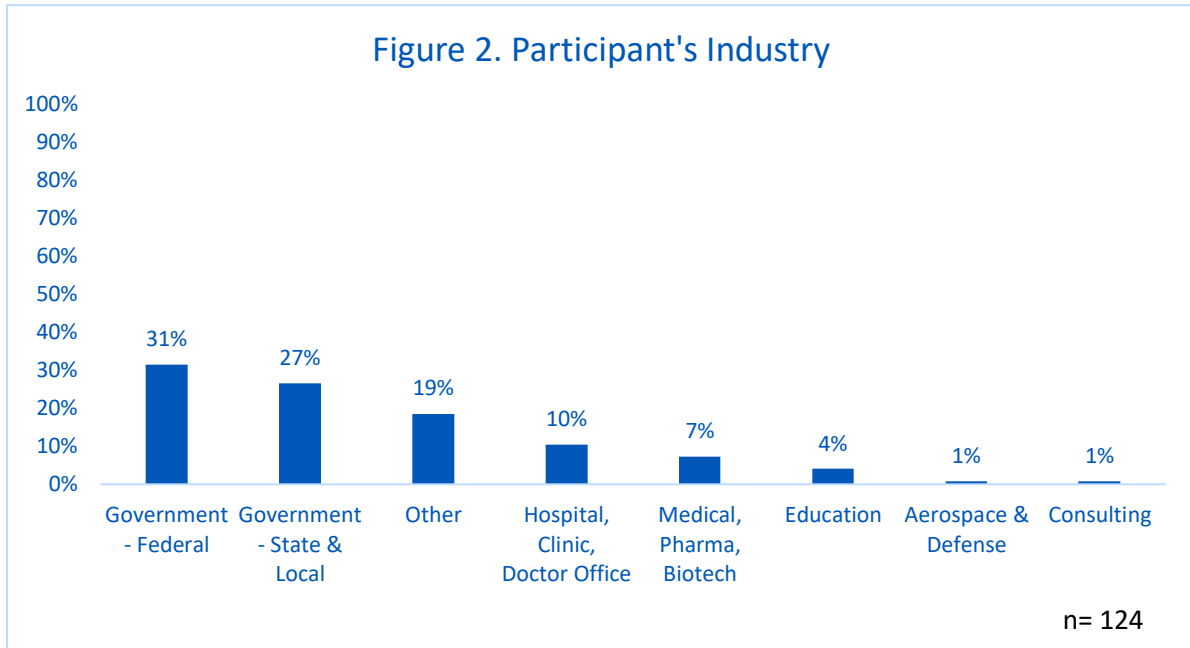
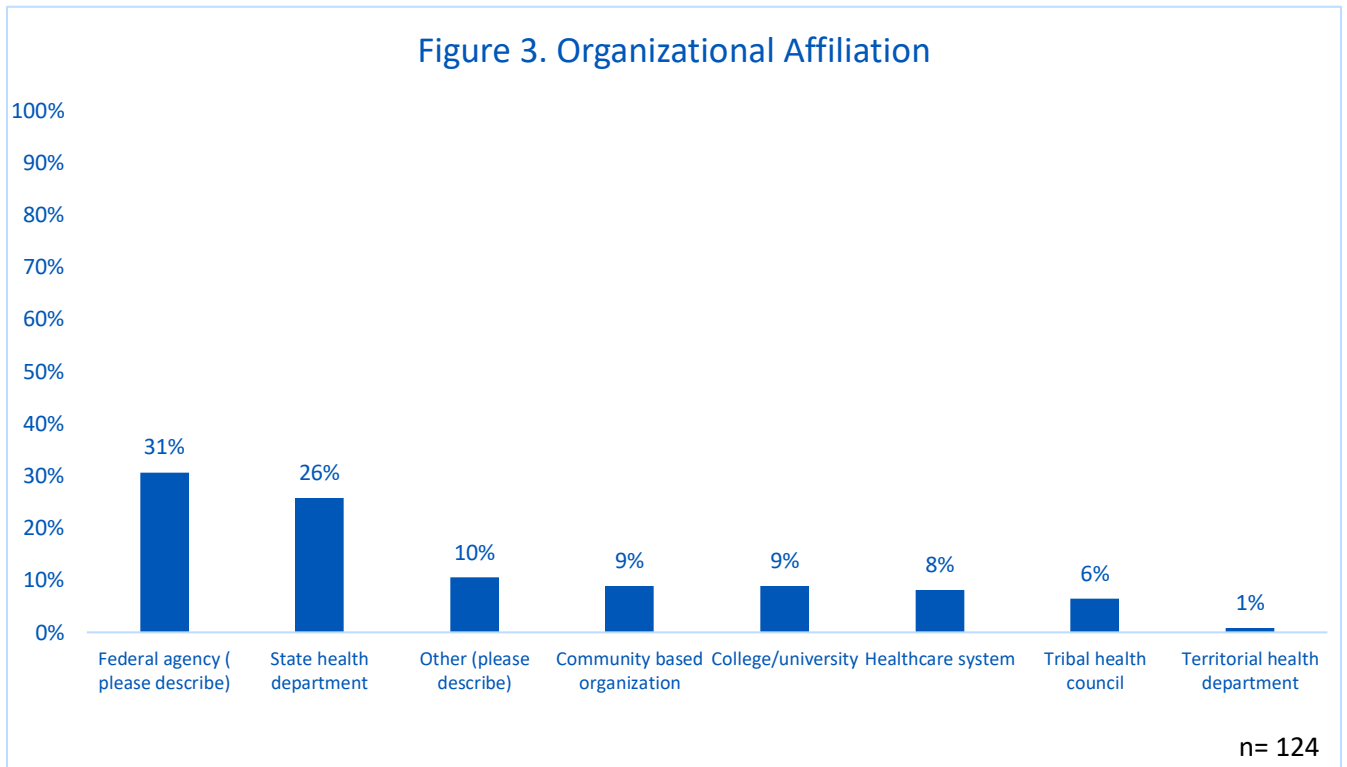


Figure 3. Most attendees were affiliated with either a federal agency or a state health department.



Attendees represented Canada, Columbia, the United Kingdom, the United States.

Tribal affiliations included Aleut, Athabascan, Deg Hi'Tan, Blackfeet, Blackfeet/Flathead, Cherokee, Cheyenne River Sioux Tribe, Cheyenne River Sioux Tribe – Mnicoujou, Chickasaw and Choctaw, Chippewa-Cree, Choctaw Nation of Oklahoma, Confederate Tribes of Siletz, Crow/Assiniboine, Hidatsa/Assiniboine, Inuit, Muscogee Nation, Navajo, Northern Arapaho, Northern Paiute from Fallon Paiute Tribe, Oglala Lakota, Oglala Sioux Tribe, Orutsaramuit Native Council, Pomo, Pueblo, Saint Regis Mohawk Tribe (Akwesasne), Sherwood Valley Rancheria, Tlingit and Haida, Tolowa Dee'ni Nation, Turtle Mountain Chippewa, Ute Mountain, Wicwemikoong (First Nation in Canada), Winnebago. Attendees also included representatives of the South Puget Intertribal Planning Agency, the Oklahoma City Indian Clinic and Native Hawaiians.

Evaluation

A total of 43 people completed the webinar survey.

Figure 4. Almost all attendees strongly agreed or agreed (98%) that the webinar provided an opportunity to review findings from a current evidence map designed to synthesize research on social determinants of health and cancer risk among American Indians and Alaska Natives.

Strongly agree – 24, comprised of mostly federal agencies or state health departments. Agree – 18, comprised mostly of state health department or federal agencies. The one person who rated neutral represented another agency.

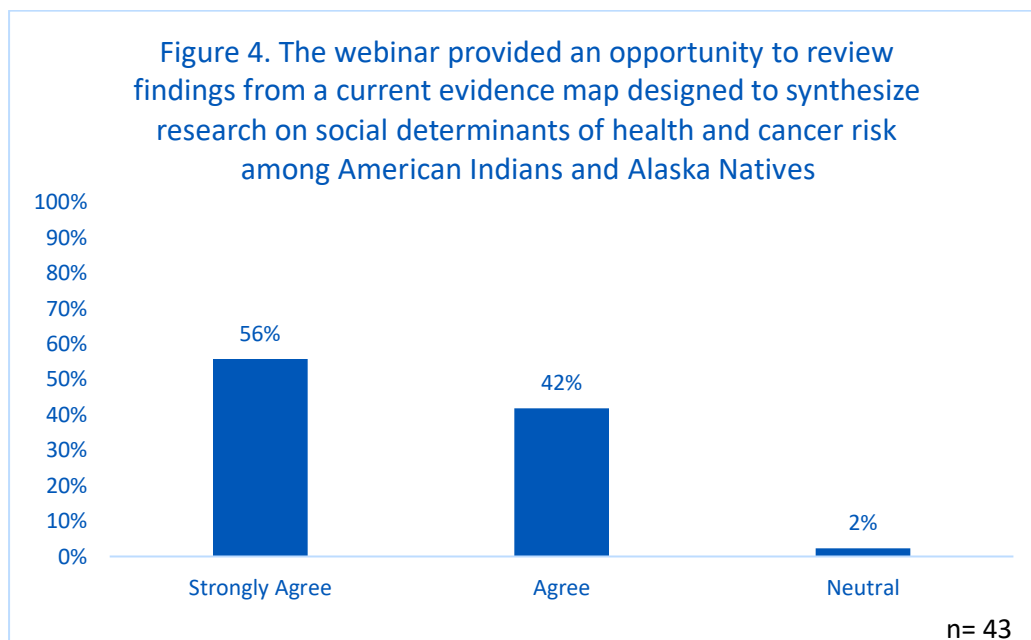


Figure 5. Most strongly agreed or agreed (about 95%) that this webinar provided an opportunity to discuss the implications of review findings to future cancer research and to American Indian and Alaska Natives.

Strongly agree – 23, included mostly the federal agencies or state health department affiliations. Agree – 18, half were state health departments or community-based organizations. One rater from a college/university ranked “Neutral” and one territorial health department ranked “Disagree”.



Figure 6. All attendees strongly agreed or agreed that the webinar provided an opportunity to explore gaps and priorities in future equity-focused research areas related to cancer prevention.

Strongly agree – 23, over half the responses comprised of state health department or federal agency affiliates. Agree – 20, most comprised of state health department, federal agency, or college/university affiliates.

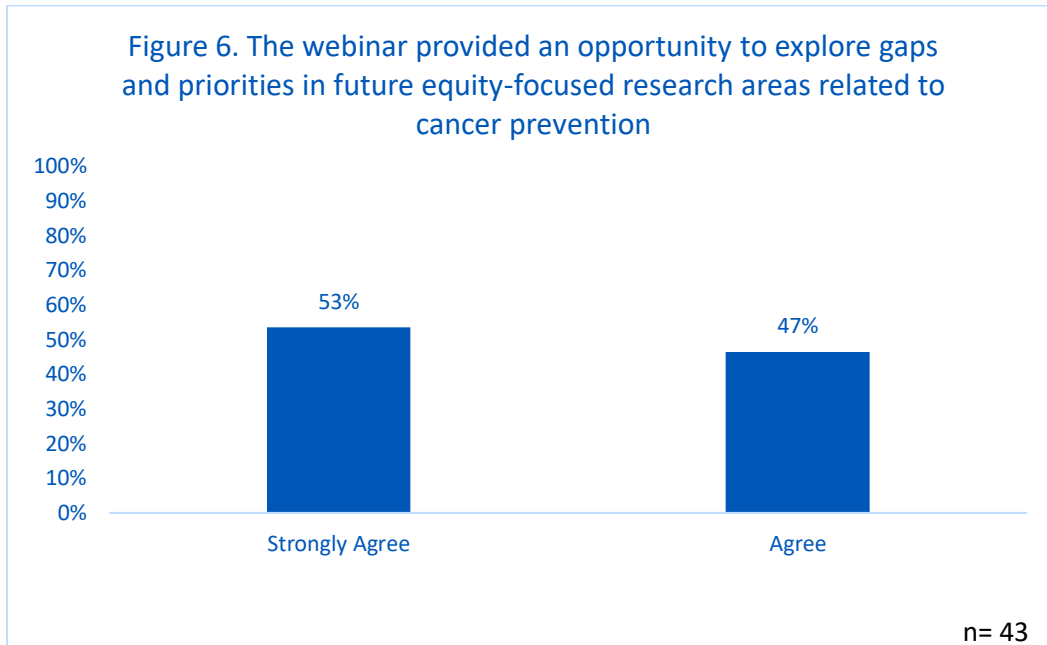


Figure 7. Most strongly agreed or agreed (91%) that the webinar provided an opportunity to identify potential approaches to address historical and cultural factors for cancer prevention research.

Strongly agree – 18, mostly comprised of state health department or federal agency affiliates. Agree – 21, mostly affiliates from state health departments, federal agencies, or colleges/universities. Neutral – 3, college/university, community-based organization, or other affiliations. Disagree – 1 (federal agency).

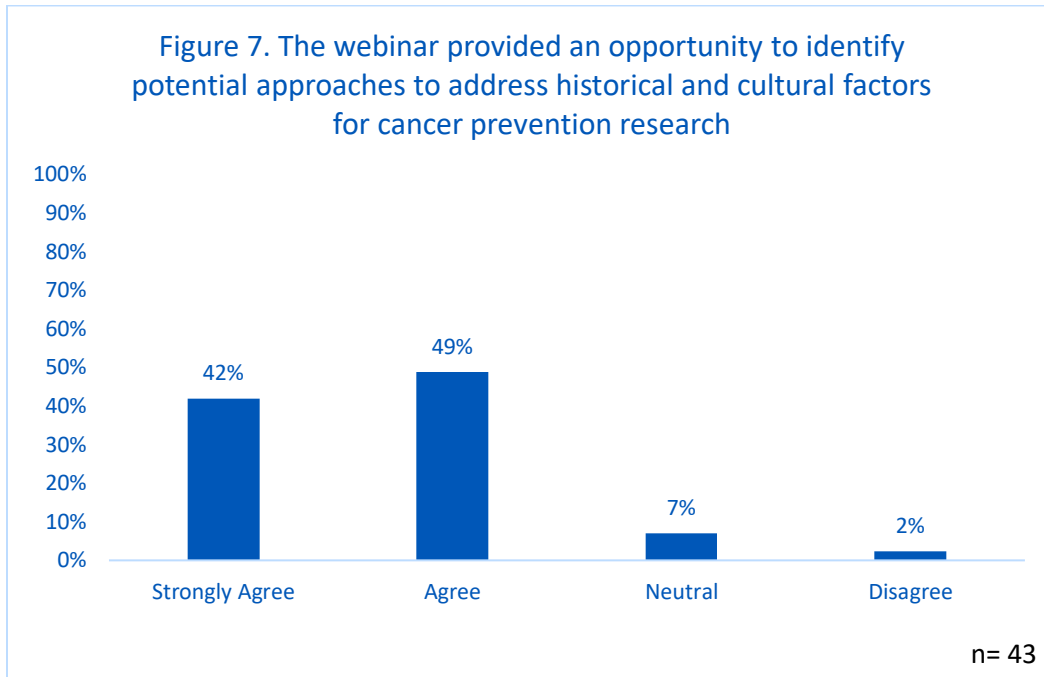


Figure 8. When asked if the webinar provided an opportunity to reflect on opportunities for future coordination and collaboration to strengthen cancer prevention among American Indian and Alaska Natives, 86% of respondents strongly agreed or agreed.

Strongly Agree – 19, the majority reported they were from a state health department or a federal agency.
Agree – 18, half were comprised of affiliates from state health departments or colleges/universities.
Neutral – There were 5 respondents who were affiliated with a federal agency, community-based organization, territorial health department, or other agency. One rater from a college/university disagreed.

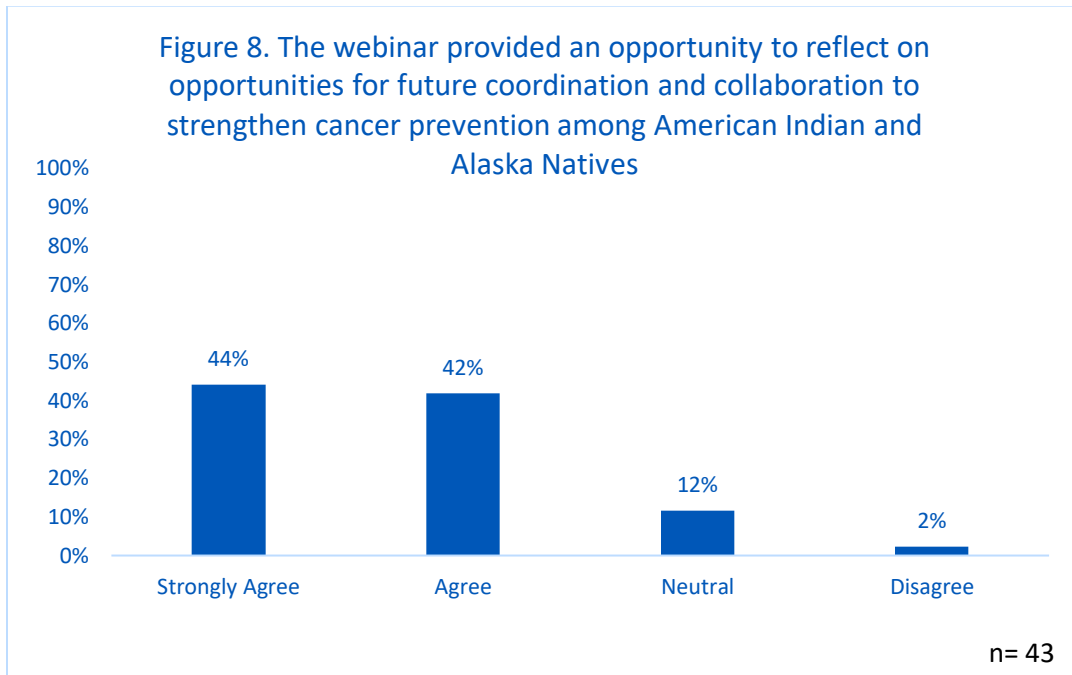


Figure 9. When asked how respondents plan to use the webinar, 14 selected collaboration with partners (mostly community based organizations, state health departments, or other affiliations); 12 selected program planning/implementation (mostly state health departments or community based organizations) while 12 selected research (mostly federal agencies or college/universities), three selected other (state health departments or a federal agency), and one selected state plan development (state health department). Numbers do not add up to 43 because one participant did not answer this question.

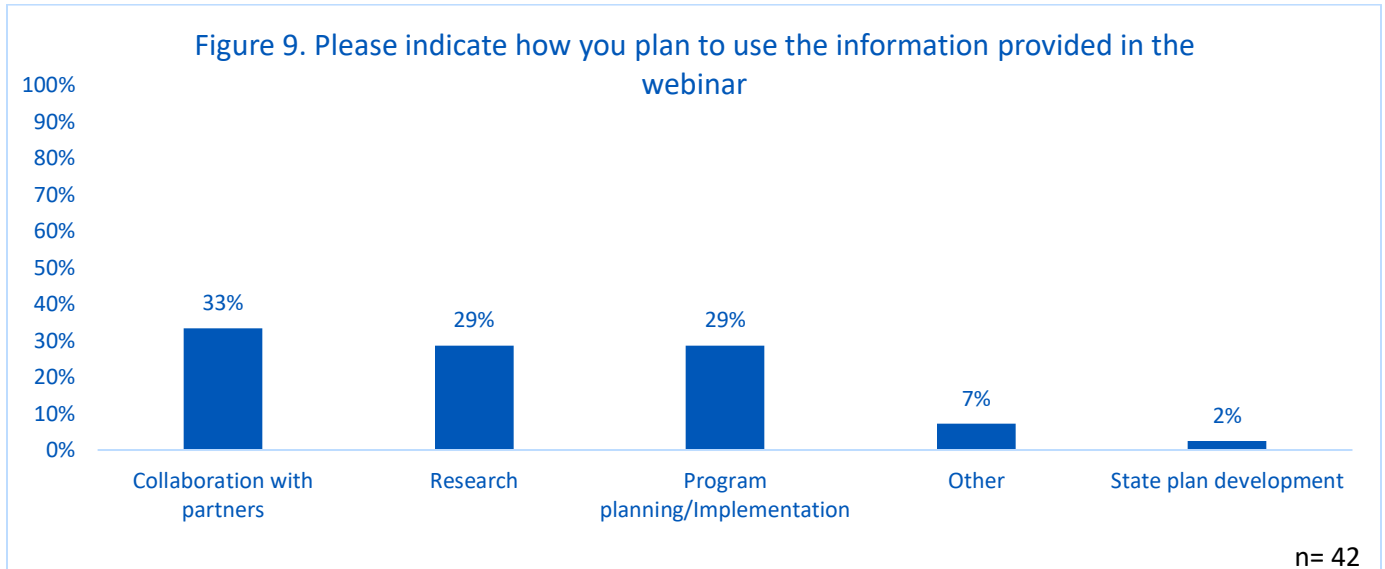
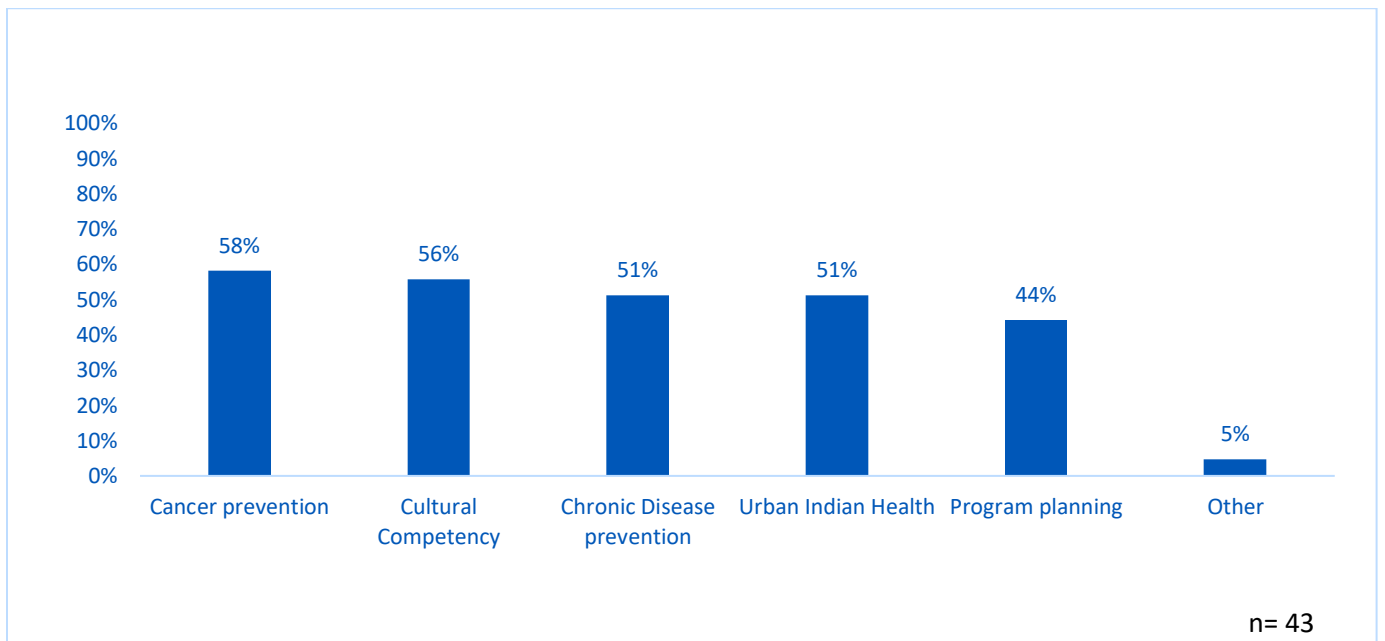


Figure 10. Attendees were asked what additional health-related topics would you be interested in for the American Indian/Alaska Natives? Respondents were permitted to select all topics of interest. Cancer prevention appeared in 25 of the 43 responses. Cultural competency appeared in 24 of the 43 responses, followed by chronic disease prevention and urban Indian health with 22 responses each. All others were a combination of program planning and other.



If you answered "Other" to any of the above questions, please describe here.
Topics in relation to: physical activity, nutritious food and healthy eating--access, distribution, educational outreach.
More discussions on how to proceed with research and programming for AN/AI. How can federal funding be adjusted / adapted / worked with to address issues based on long term relationship building.
Melissa Buffalo was awesome! Include Wyatt Pickner in future events.
Urban Indian FQHC.
NA. But, I would love if you would distribute the paper to attendees!
More about historical trauma, addiction, depression and anxiety, ACEs would be interesting as RFs for cancer later in life.
#6 Personal knowledge.
Urban Indian Health Organization.
Heart disease and stroke prevention.