



SUCCESSFUL LOCAL MODELS AND APPROACHES FOR CANCER PREVENTION IN AMERICAN INDIAN/ALASKA NATIVE COMMUNITIES WEBINAR BRIEF

FEBRUARY 9, 2023

Prepared in Collaboration by:

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**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

INTRODUCTION

The National Association of Chronic Disease Directors (NACDD) and the International Association for Indigenous Aging (IA²), in partnership with the Centers for Disease Control and Prevention (CDC), hosted three subject matter experts to highlight the negative impact of health disparities and successful cultural approaches with cancer prevention in American Indian/Alaska Native (AI/AN) communities. The presenters addressed the following three topics: successful local models for cancer prevention among AI/AN communities with evidence-based recommendations, how historical trauma influences health-seeking behaviors with cancer prevention services among AI/AN people, and how health risk reduction programs can impact cancer risk within AI/AN communities.

PRESENTER BIOS

Celena Donahue



Ms. Donahue is Pueblo Indian, and her family is Hupa, Yurok, and Karuk. She was raised on the Hoopa Valley Indian Reservation in rural northeastern Humboldt County. She graduated from California State University of Sacramento in 2008. She is currently a Health Equity Advocate, Talking Circle Facilitator, and Senior Quality Improvement Specialist. As a Sr. Quality Improvement Specialist at Health Net, Celena is responsible for multiple cross-functional initiatives addressing clinical quality and service improvement programs where she developed programs targeted to improve STAR Ratings, HEDIS, Health Outcome Survey, and other identified performance measures for Health Net's Commercial and Marketplace population. She also has 17 years in Clinical Pathology and has worked in Public Health for over a decade. She has successfully collaborated with numerous tribes, Indian Health Services (IHS), community clinics, and different stakeholders in the healthcare community over the past several years. As a result of her collaborative efforts, there has been a significant increase in health and cancer screenings. She has a vested interest in tribal communities and minimizing the healthcare disparities in these communities. Celena has also served as the internal subject matter expert on Tribal Public Health Issues, working on culturally appropriate materials, training, and guides. She has strong ties through a plethora of tribal communities where she has served as a community member and healthcare professional. Celena currently volunteers and serves as a Chair and Board member for several tribal coalitions, boards, and committees.

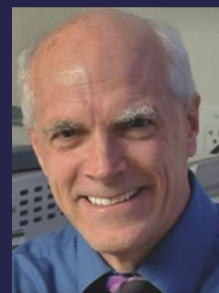
Kellen Polingyumtewa



Mr. Polingyumtewa began his career as a Community Health Liaison for a program called the Partnership for Native American Cancer Prevention (NACP) where he provided cancer prevention education to local tribal communities and assisted in Community Based Participatory Research (CBPR) focused on community resilience. He now works as a coordinator for a tribal health program called the Hopi Women's Health Program under the HOPI Cancer Support Services. He has over 10+ years of experience in cancer education and outreach.

Mr. Polingyumtewa is most notable for his work with men's health cancer prevention and Native American cancer education. Publications: Teufel-Shone, Schwartz, A. L., Hardy, L. J., de Heer, H. D., Williamson, H. J., Dunn, D. J., Polingyumtewa, K., & Chief, C. (2019). Supporting new community-based participatory research partnerships. *International Journal of Environmental Research and Public Health*, 16(1), 44–. <https://doi.org/10.3390/ijerph16010044> Awards: Certificate of Special Congressional Recognition (March 2nd, 2017); Awarded by Arizona Congressman Grijalva's Office for Mr. Polingyumtewa's cancer prevention work with Arizona tribal communities.

Brian J McMahon, MD, MACP



Dr. McMahon is a clinical Liver Specialist (Hepatologist) and the Clinical Director of the Liver Disease and Hepatitis Program at the Alaska Native Medical Center in Anchorage, Alaska. He is a guest researcher at the Arctic Investigations Program of the Centers for Disease Control and Prevention in Anchorage, an auxiliary professor at the University of Alaska Health Sciences Program, and a Clinical Professor of Medicine at the University of Washington.

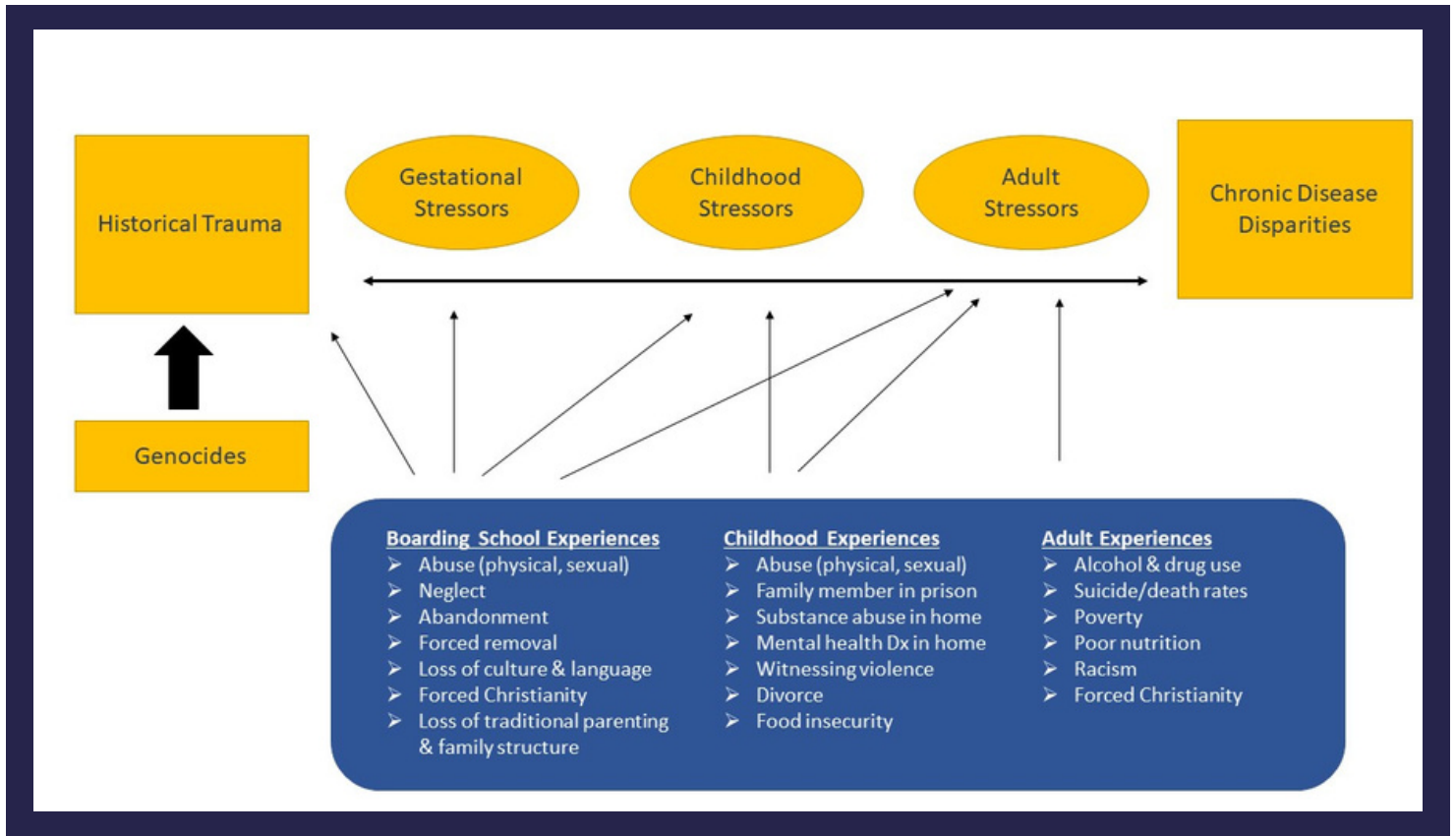
He has directed the vaccination programs in Alaska Natives that have reduced the rates of acute hepatitis A and B from the highest in the US to the lowest in the world. He has been active in research in viral hepatitis A, B, and C, as well as other liver diseases among Alaska Natives/American Indians, for over 50 years.

Dr. McMahon is a co-author of the American Association for the Study of Liver Disease (AASLD) US Practice Guideline on Chronic Hepatitis B and co-chair of the WHO Hepatitis B Guidelines Committee. He was on the Institute of Medicine Committee that published recommendations for Hepatitis and Liver Cancer in 2010. He is the author or co-author of more than 170 peer-reviewed papers, 50 book chapters, review articles or editorials.

HISTORICAL AND CULTURAL APPROACH

By Celena Donahue

It is important to understand the colonization history to conceptualize the trauma from AI/AN policy. The trauma is not only from hundreds of years ago; it has affected communities as recently as 1 or 2 generations ago and is still ongoing.



(Donahue, 2023)

Successful prevention efforts need to be able to hold complex truths in AI/AN communities: The realities of historical trauma and structural violence and the profound resiliency that has allowed AI/AN communities to survive and thrive. Cancer prevention includes an “upriver” approach to advance health equity by reducing structural and social drivers of health inequities.

At the Provider level, ensure culture-positive messages about cancer screening. Tools include cultural competency training, trauma-informed care, motivational interviewing, and Community Health Representatives/Workers and cultural coordinators. A person’s experience determines how they will communicate with and respond to providers!

Best practices for providers:

Know your history (cultural values)

Listen to the needs of AI/AN people

Be adaptable, more culturally sensitive, and reflective (in approach, materials, etc.)

Bring in the experts

HOW CAN CANCER RATES BE LOWERED AMONG AI/AN COMMUNITIES?

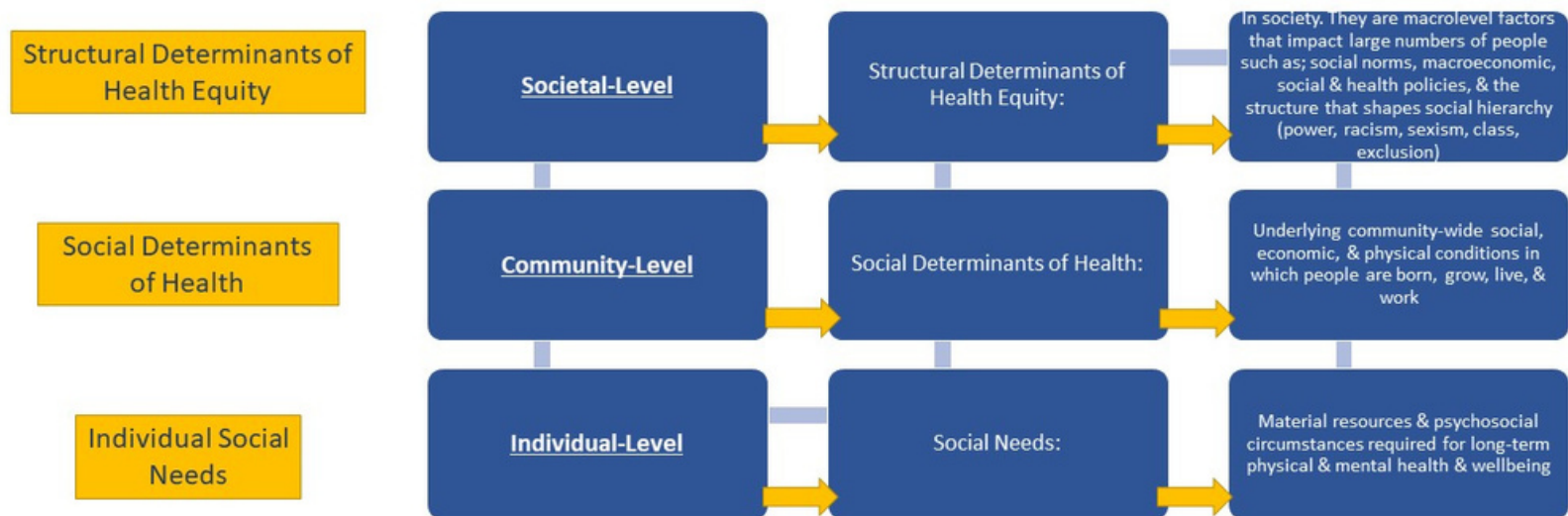
CULTURE IS PREVENTION!

Culture [and experiences] affect how people communicate with, understand, and respond to health care providers. It is crucial for providers to be culturally competent – acknowledge the beliefs, languages, traditions, and health practices [and traumatic experiences] of patients, and apply that knowledge in care delivery.

-Celena Donahue

- Use evidence-based interventions to increase screening rates, such as reminders, provider assessments and feedback, and reduction of structural barriers.
- Reduce structural barriers with talking circles. Storytelling has been a way of teaching and learning for AI/AN communities. As storytellers, they gather and pass down knowledge and information. Talking circles are used as a culturally appropriate way to address barriers at the patient, community, and staff levels.
- Use small media/health communication to disseminate general health information that includes guidelines, literature, provider and patient information, and best practices in a culturally appropriate way.
- Have a quality improvement process. Provide technical assistance, such as coaching, to improve measurable outcomes like screening rates when working with tribes, tribal coalitions, the American Cancer Society, national coalitions, state boards, etc.

The Role of Social Determinants of Health on Cancer Prevention



COMMUNITY STRATEGIES APPROACH

By Kellen Polingyumptewa

Hopi Cancer Support Services is a successful and applicable model for cancer prevention in AI/AN populations. It takes a network of funding streams from various sources to serve the community effectively. Cancer is one of the top leading causes of mortality in Hopi men.

One of the biggest factors in applying cancer prevention concepts is building trust. Within AI/AN communities, there is an existing lack of trust in state and federal programming. Hopi Cancer Support Services started by asking questions and listening to the answers. A large survey was conducted by AI/AN interviewers who could interpret the questions. The survey highlighted discrepancies in screening rates between Hopi services and surrounding areas.

The Women's Health Initiative was the first project of its kind at Hopi Cancer Support Services. With the use of mobile mammography, Hopi patient navigators, female healthcare providers, and transportation, they could draw in hundreds of women to their Girl's Night Out events. This success drew interest from the men and led to the Men's Health Initiative.

The Men's Health Initiative started with small group meetings and expanded into health education conferences and, ultimately, Men's Night Out events. The events feature Hopi providers and speakers who are part of the community, creating a sense of pride. Men were previously sacrificing their health to ensure their families were cared for. Through the Men's Night Out events, Hopi men learned the importance of prioritizing their own health as a part of their family's health. The initiative created camaraderie, brotherhood, and positive messaging.

The MAN UP: Men's Health Conference used positive messaging and community presentations to reach over 200 Hopi men. The event included a wellness expo and resulted in positive changes in attitudes toward screening, cancer, and wellness. The event was successful because they created inviting environments with cultural entertainment, such as drum groups and comedians. They used radio and word of mouth to advertise, which are highly effective means of communication on reservations. The conference was followed up with a lunch series titled "Let's Taco-bout Cancer" lunch series through the University of Arizona Cancer Center. This ongoing event is used to gather and talk over a meal about the importance of men's health issues.

Strategies:

Combine cancer education with other events

Provide Health Education outside of the clinical setting

Promote health and wellness that includes familial support

Offer support and resources at the events

Use messaging that focuses on tradition and family values

Provide stories of people within the community

Focus on personal health as part of family health

CLINICAL APPROACH

By Brian McMahon

American Indian and Alaska Native people have higher rates of cancer, including lung, colorectal, liver, stomach, and kidney cancers, compared to non-Hispanic White people in the United States. For example, compared to White populations, liver cancer rates are significantly higher in AI/AN populations. Specifically, for men, the liver cancer rate for AI/AN men is 2.37 times higher, and for women is 3.03 times higher than White populations. (Melkonian, 2021) Decreasing the risk of liver disease involves identifying symptoms early and determining the cause of the condition to link persons to appropriate treatment. Causes of liver cancer are linked to hepatitis B and C, non-alcoholic fatty liver disease, and cirrhosis.

Prevention of liver cancer involves screening adults at risk for hepatitis C and access to and use of clean needles to reduce the acquisition of hepatitis C, a leading culprit in liver cancer. If hepatitis C is acquired through contaminated syringe use or blood exposure, early diagnosis and access to treatment are important to prevent the liver inflammation from developing further into liver cancer. Preventing liver cancer includes managing fatty liver disease by improving diet, increasing exercise, and reducing weight. Small amounts of fat loss can significantly reverse damage to the liver; even a 3% fat loss can reduce fat in the liver by 35-100% (Villar-Gomez, 2015). Routine labs and non-invasive imaging are effective for assessing the health of the liver. Additionally, adults should be tested for hepatitis B, and if found negative, they should be given the hepatitis B vaccine.

Patients with hepatitis B, hepatitis C, or cirrhosis are at risk for liver cancer. Because liver cancer is difficult to detect and treat in the advanced stages, patients should visit their primary care doctor regularly to consider the best plan for vaccinations, blood tests, and imaging for early cancer detection and treatment. The following recommendations may help to reduce the incidence of liver cancer:

- Better surveillance and monitoring algorithms for persons at risk with routine clinical visits,
- improved methods to detect tumors early,
- reductions in hepatitis infection through vaccination programs and advances in effective treatments.

COFFEE

Almost half a million people with cirrhosis in England were followed for 10 years. Persons who didn't drink coffee had twice the liver cancer and death risk compared to those who drank any kind of coffee: decaf, drip, espresso, or instant (Kennedy, 2021).

All types of coffee work to reduce the risk of liver cancer and liver-related death. The benefit is not in the caffeine; it is in the bean.

-Dr. McMahon



Presenter Recommendations for Community Outreach on Cancer Prevention

1

Utilize traditional methods of communication, such as talking circles, and ask questions like, “What is your knowledge, and how has it affected you?” Use laughter and real stories. Provide stipends/gift cards for attending and participating in screening. Offer traditional food, and host the events at the end of the month when extra money is important.

2

Engage leadership and recognize the differences between each tribe. Those who are tribal outsiders will have to build trust over time.

3

Evaluate. Hold pre- and post-event knowledge tests to ensure the messaging is effective.

4

Understand that some information is privileged and outsiders may never get the answers they are looking for.

5

Bring in experts from the tribe, as well as those outside of it, and weave them together when hosting cancer prevention programs.

6

Take the time to develop the reasons why you are coming into a community as a researcher and ensure it is meaningful. Be present in the community. One-on-one and in-person meetings are key!

References

2020-2022 Urban Cancer Plan: https://www.americanindiancancer.org/wp-content/uploads/2020/07/Urban-Cancer-Solutions-Cancer-Plan_-2020-2022-Version_-6_16_2020.pdf

Alaska Native Medical Center: <https://anmc.org/>

Alaska Native Tribal Health Consortium <https://www.anthc.org/what-we-do/clinical-and-research-services/hep/>

American Indian Cancer Foundation: <https://americanindiancancer.org/>

California Colorectal Cancer Coalition: <https://www.cacoloncancer.org/>

Cancer Prevention Across the Lifespan: <https://chronicdisease.org/page/cancerprograms/cancer-prevention-across-the-lifespan/>

Centers for Disease Control and Prevention Cancer: <https://www.cdc.gov/cancer/index.htm>

Hopi Tribe Cancer Support Services: <https://www.hopi-nsn.gov/tribal-services/department-of-community-health-services/cancer-support-services/>

International Association for Indigenous Aging (IA2): <http://iasquared.org/>

Native American Cancer Initiatives, Inc.: <https://natamcancer.org/>

Partnership for Native American Cancer Prevention (NACP) <https://wassajacenter.arizona.edu/partnership-native-american-cancer-prevention-nacp>

Citations

Donahue, C. (2023, February). American Indian/Alaska Native Cancer Prevention and The Impact of Historical Trauma. Virtual Power Point Presentation.

Kennedy, O. F. (2021). All Coffee Types Decrease the Risk of Adverse Clinical Outcomes in Chronic Liver Disease. BMC Public Health, 21, 970. Retrieved from <https://doi.org/10.1186/s12889-021-1099107>

Melkonian, S. W. (2021, April). Incidence of and Trends in the Leading Cancers With Elevated Incidence Among American Indian and Alaska Native Populations, 2012–2016. American Journal of Epidemiology, 190(4), 528-538. Retrieved from <https://doi.org/10.1093/aje/kwaa222>

Vilar-Gomez. Gastroenterology 2015; 2. Promrat. Hepatology 2010; 3. Harrison. Hepatology 2009; 4. Wong. J Hepatol 2013