Objectives for Session
By the end of the session, the participant will be able to:
1. Identify at least three public health fields that directly affect cancer health disparities within the American Indian / Alaska Native (AIAN) community.
2. Identify examples of public health, multidisciplinary, collaborative projects implemented with medically underserved communities, such as American Indians.

We Stand on the Shoulders of Our Ancestors
- Being Indian means more than checking a “box” on a survey form
- It means giving back to others (your community, the next generation of researchers, etc.)

Culture as a Strength
- What are these cultural gifts?
- How you resolve conflict?
- How you respond to pressure?
- How you generate grant ideas?
- How may your culture give you strength in challenging personal / work / research situations?

If you were raised in an environment where your culture was “minimized”, how can you learn more about your background to help you gain strengths
- find a “cultural” peer or mentor

Cultures of ...
- Race, including but not limited to
  - American Indian / Alaska Native, Native Hawaiian, African-American, Asian, etc.
- Ethnicity, such as Hispanic, Chicano, Latino .... Middle Eastern
- Sexual or Gender Identity, Maleness / Femaleness / Same Sex
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Cultures of ...
- Religions (Muslim, Buddhist, Catholic, Atheist)
- Careers, such as nursing, public health, teachers
- Living conditions, such as poverty

Bottom Line: Everyone has multiple cultures that may influence how they behave in different situations

Focus on Strengths
- Avoid highlighting your weaknesses
  - "I have such skinny toes"
  - "I always get that statistical formula wrong"
  - "I just can’t get ‘epidemiology’"
- versus highlighting how you can improve
- Avoid whining and blaming
- Rotten childhood? How do you turn it into a blessing?

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Examples of NACR Research Questions
- How can a Native-specific Navigator (Native Sister) community based participatory research (CBPR) education intervention influence American Indians health behaviors?

Take home message
- No research is perfect
  - Jennie Joe, RN, PhD (Navajo), “your doctorate dissertation is not the most important work you will ever do”
  - If you already knew the answers or how to do everything involved in your study, it wouldn’t be called “research” Linda B
  - “should have” “would have” “could have”

Examples of NACR Research Questions
- Why do more Northern Plains American Indian cancer patients experience more toxicity from external beam radiation in comparison to cancer patients of all races from the same geographic region?

Examples of NACR Research Questions
- Which education intervention has more impact on long-term increase in cancer prevention knowledge and behaviors?
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Examples of NACR Research Questions

- How can AIAN Students and Community leaders become informed about complex genetic issues to make informed choices about taking part in:
  1. Genetic-related careers;
  2. Cancer genetic clinical trials;
  3. Cancer genetic research studies (but not clinical trials)?

Public Health

- Public health provides many different opportunities to give back to your respective community
- People find their paths in many different ways:
  - some have their families before they start college
  - Some raise their families before they BEGIN their career

Where Might you fit within Public Health?

- Public health professional settings
  - Let yourself see the opportunities rather than allowing yourself to be limited to in whatever career your mentor finds passion

What is the take-home message?

- Public health professionals work in many different settings (these are LBs):
  - University setting for 18 years
  - Volunteered at free clinic
  - Board member, then an employee of urban Indian clinic
  - School setting
  - National Cancer Institute
  - Cancer Center
  - 501(c)(3)

Take home message: Love your work

- Where Might you fit within Public Health?
  - What makes you wake up one morning feeling excited about what you will be doing that day as compared to other mornings when you dread school, the lab or the office?
  - Experiment with different internships to find your passion, but find it!
What is the take-home message?

Finish your degree(s)
- Almost done then realize you don’t really like the field in which you’ve been training in?
  - Finish the degree anyway and get
    - In-service training
    - Take additional classes
    - Self-educate yourself

Native American Cancer Research (NACR) Studies include:
- Working with many different (~25) public health fields:
  - Epidemiology
  - Microbiology
  - Genetic Sciences
  - Health Care Administration
  - School Health
  - International Health
  - Hospital Administration, etc.

What types of Tasks areIncluded?
- Improve quality of AIAN cancer data
- Create and assess culturally appropriateness of public health outreach messages, materials, & strategies
- Mentor other AIAN organizations or those who work with AIAN communities on how to improve their cultural skills to positively influence health outcomes
- Educate federal agencies about what is real outside of the beltway
- Inform Congress about what are the advantages and disadvantages of supporting selected types of programs
  - As 501(c)(3) NACR cannot “lobby” per se, but we can “educate” Congress
- Help others write grants and provide mentoring to improve the likelihood of their programs being a success
- Collaborate with the community to help them find answers to the questions that are of most interest to them related to the full cancer continuum
- Skill Dev. Train community, prof, feds
- The NACR "Team" implements programs that address every “tab” on the http://www.natamcancer.org/soe/soe.html assessment tool (User name: train; Password: choochoo)

Examples of Our Partners
- Mayo Clinic’s Native American Programs
- Rapid City Regional Hospital
- Intercultural Cancer Council
- Northwest Portland Area Indian Health Board
- Intertribal Council of Michigan
- National Tribal Tobacco Prevention Network
- Urban Indian Health Commission
- Alaska Native Medical Center

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Examples of Our Partners
- Alaska Native Tribal Health Consortium
- University of Colorado Health Sciences
- Oncology Nursing Society
- City of Hope
- Children’s Health
- Cancer Health Disparities (Genetic Research Trainings)
- Canadian Aboriginal Cancer Care Coalition
- New Zealand Maori Health Coalition
- ~38 different subcontracts / consultants annually

Examples of our Outcomes
- 85% 5 year relative survival from breast cancer as compared to NCI national data of 49% for AIs
- Shields (risk / health)
- QOL Tree (survivorship)

2nd Sidebar components

The shield in these slides represents your protection (shield of health) against things that may make you more susceptible to cancer (cancer risks)

The larger the holes and the more number of holes in the shield, the less likely it is to protect you from cancer or other health problems

NOTE: the web page version is animated for breast and CRC

Culture-wide Multiple Traumas

How May Historical Trauma Affect AIANs Use Of The Healthcare System?

Example: distrust = avoid Western medicine

Racism/Poverty
Post Traumatic Stress Disorders
Neglect/Abuse of Children
Unresolved Grief
Coping: Unhealthy Behaviors

How May Historical Trauma Affect AIANs Use Of The Healthcare System?

Example: distrust = avoid Western medicine

Long histories of subjugation, historical trauma, unresolved grief and the challenges of changing cultures, poor economics, and lack of opportunities are negative and destructive

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AI/AN Public Health: Challenges

- Few AI/AN public health professionals
- Limited familiarity with AI/AN policies
- Complexities/logistics – over 500 tribes

Examples Public Health Funding Issues

- Lack of AI/AN-specific funds
- Data errors under-count AIAN health problems
- Limitations/problems of categorical funds
- Funds received by CDC/ATSDR often designated for state health departments

AIAN Cancer Incidence Data

(finally)

THANK YOU!

CHSDA
Counties = IHS
Contract Health Service Deliver Areas
NHW = Non-Hispanic White
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Incidence Rates (1999-2004)*

| Source: Cancer registries in Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR) and National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results Program (SEER) D. Espey, Monograph Group. |

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>US NHW</th>
<th>So. Plains NHW</th>
<th>No Plains NHW</th>
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<tbody>
<tr>
<td>All</td>
<td>46.4</td>
<td>47.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Breast</td>
<td>13.4</td>
<td>13.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Cervix</td>
<td>9.4</td>
<td>7.4</td>
<td>3</td>
</tr>
<tr>
<td>Colon</td>
<td>56.3</td>
<td>50.8</td>
<td>5.5</td>
</tr>
<tr>
<td>Kidney</td>
<td>11.8</td>
<td>11.8</td>
<td>1</td>
</tr>
<tr>
<td>Lung</td>
<td>58.6</td>
<td>58.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Prostate</td>
<td>154.4</td>
<td>154.4</td>
<td>2.2</td>
</tr>
</tbody>
</table>

What is the racial group that has the highest incidence of breast cancer?

How about for prostate cancer?

2007 Annual Report to the Nation

Cancer incidence among AI/AN's, though generally lower than for the Non-Hispanic White (NHW) population, is rising rapidly.

In 3 of the twelve regions of the Indian Health Service, cancer incidence rates are equal to that of the dominant white population:

- Alaska
- Northern Plains (IL, IN, IA, MI, MN, MT, NE, ND, SD, WI, WY)
- Southern Plains (OK, TX, KS)

Burhansstipanov, Native American Cancer Research
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Colorectal Cancer Incidence Rates - Females, 1999-2004

Rates per 100,000 per year, adjusted to 2000 U.S. population

IHS Cancer Mortality

Note cancers other than breast, cervix, colon, lung and prostate

This is why AIAN comprehensive cancer plans cannot be limited to only those sites!
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