



Working in Harmony *with* State Cancer Programs *for* Native Health & Wellness

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Welcome!

Introductions

Comprehensive Cancer Control

Your experiences

Our learnings

- State plan review
- Interviews

Our experiences

Solutions-focused dialogue



We want to hear from you!

Why did you choose this session?

What do you hope to take away from this session?



National Native Network (NNN)



Our mission is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native (AI/AN) populations.

We are a 'Network of Partner networks'



Advisory partners



American Indian
Cancer Foundation.



Partners



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NATIONAL NATIVE NETWORK

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TOBACCO & TRADITION

CANCER

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<http://keepitsacred.itcni.org/about-us/who-we-are/>

IMPROVING OUR COMMUNITY

Through Better Health

The mission of the National Native Network is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native populations.

About The National Native Network »



SEARHC

We want to hear from you!

Where are you from?

Who are you representing?



Comprehensive Cancer Control (CCC)

“Comprehensive Cancer Control (CCC) is a strategic approach that:

- brings together key partners and organizations
- to develop a plan
- to reduce the number of community members who get or die from cancer.”

We want to hear from you!

Did you know your state has a Comprehensive Cancer Control program?

Have you ever worked with your state Comp Cancer program?



State CCC Programs

Since 1998, states have been federally-funded to create and implement CCC plans which should:

- Focus on cancers that cause the most burden in the community
- Use methods that have worked in similar communities to prevent and control these cancers



CDC funds [CCC programs](#) in all 50 states, DC, 6 Pacific Islands and Puerto Rico, and 8 tribes or tribal organizations.

State CCC Programs

- Create coalitions
- Look at the cancer burden in their area
- Prioritize proven strategies for cancer control
- Create cancer plans and put them into action

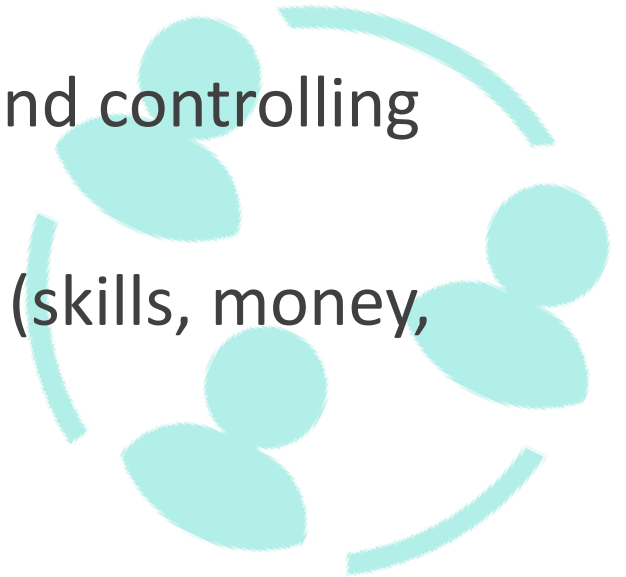
Priority Areas

1. Primary prevention
2. Early detection
3. Treatment
4. Policy change
5. Access to care
6. Evaluation



CCC Coalitions

- Groups of **diverse partners that work together** to address cancer
- Have partners from all areas of the community
- Bring together people interested in preventing and controlling cancer
- Each partner commits time and other resources (skills, money, and knowledge of the community)



We want to hear from you!

Do you know anyone who is on your state's Comp Cancer Coalition or leadership group?

Do you know if your state's Comp Cancer coalition has representation from Native people or groups?



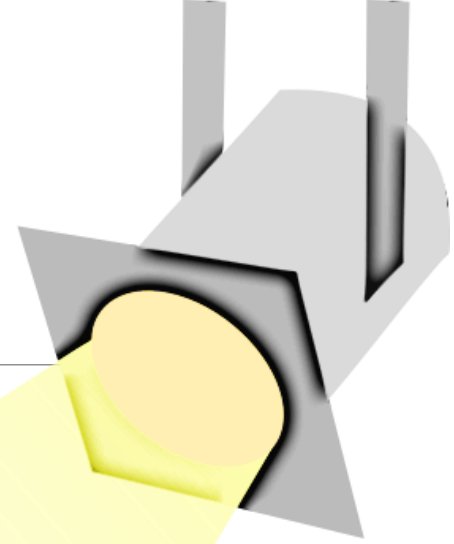
State CCC Plans

All 50 states are federally-funded to create and implement CCC plans which pay:

“special attention to the needs and concerns experienced by groups of people in their communities with poor cancer health outcomes”

https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

<https://www.cdc.gov/cancer/ncccp/index.htm>



'Poor Cancer Health Outcomes'

AI/AN people face unique cancer health disparities.

- Over the last 20 years, cancer death rates fell more quickly among whites people than among AI/ANs
- From 2001 to 2009, death rates for all cancers went down for whites, but up for AI/ANs
- White people lived longer than AI/AN people after being diagnosed with nearly all types of cancer
- Specific cancer disparities are different by region and type of cancer



Lung
Colon and rectum
Prostate
Liver
Kidney



Lung
Breast
Colon and rectum
Pancreas
Ovary

Our observations & questions

Native people have a greater burden of and poorer cancer health outcomes



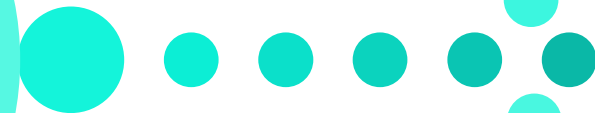
Comp Cancer funding supports creating a Plan to target cancer burden and disparities



Comp Cancer Coalitions should bring together diverse partners to create and implement the Plan



**Are states
engaging
Native people
in Comp
Cancer?**



We want to hear from you!

Is your state engaging Tribes, Tribal organizations, Urban Indian Health or other Native groups in Comp Cancer coalitions or planning?



Cancer Plan assessment: What we did

In 2017, we reviewed and analyzed State Cancer Plans to assess how well they were inclusive of AI/AN people.

Plans were reviewed to assess how inclusive each state was with regards to:

- data,
- information on health disparities,
- partnership and collaboration,
- strategies to address cancer specifically for AI/AN communities, and
- cultural tailoring or considerations for cancer prevention and control.

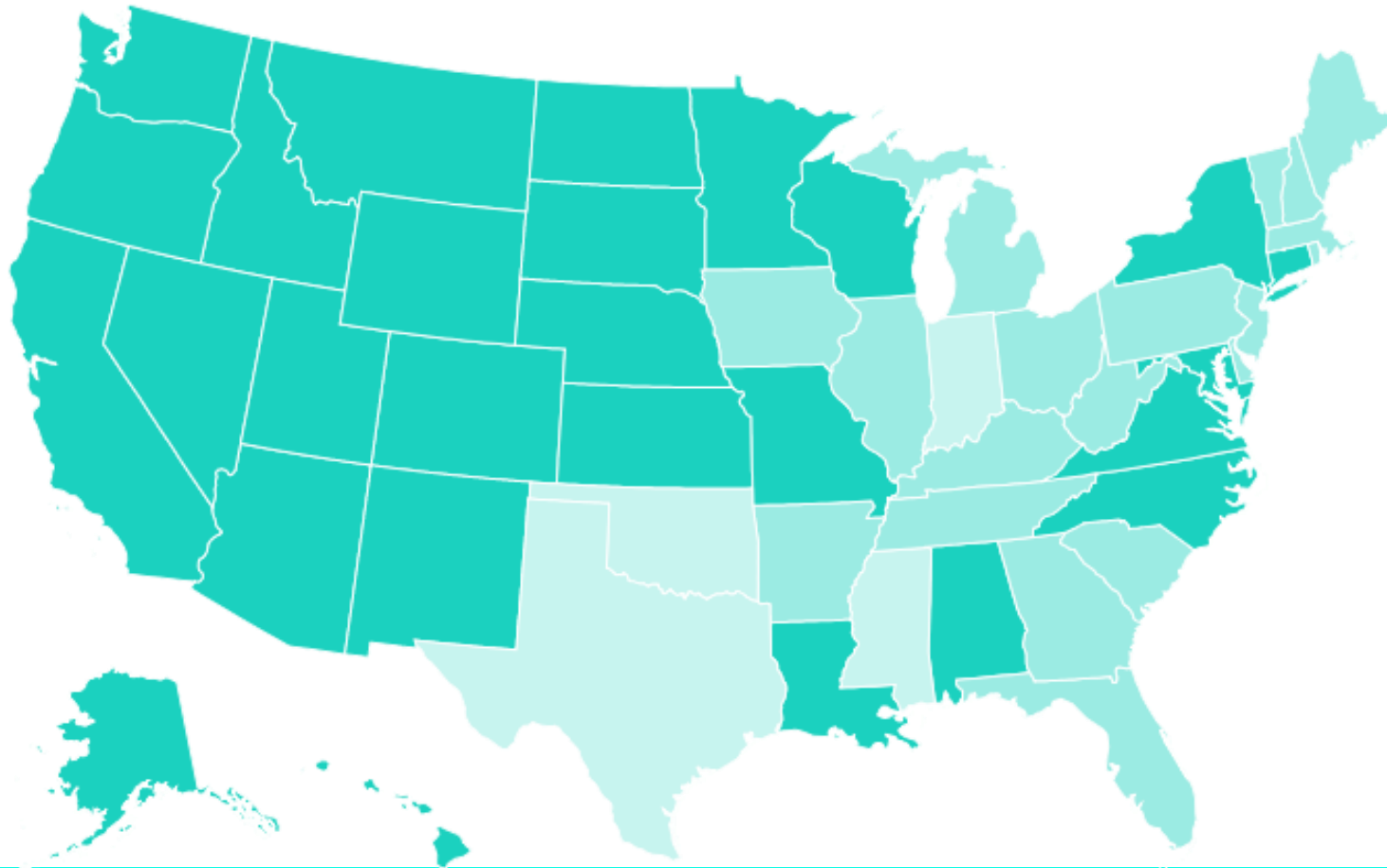


43 Comprehensive Cancer Control Plans



3 Chronic Disease Plans

What we learned



Plans were inclusive of AI/AN data or strategies


AI/AN inclusive

Not AI/AN inclusive

No Recent Plan

What we learned

46 plans assessed for inclusion...

- 
- 22 included **data** about or information specifically about AI/AN people
 - 16 were developed **in collaboration or consultation** with tribal organizations, coalitions, or other AI/AN representatives
 - 9 outlined **strategies to prevent or treat cancer** for AI/AN people
 - 6 included **AI/AN culture or values** in prevention or treatment strategies

What we learned

22 Plans incorporated data or information specific to AI/AN people.

- Types of data or information included in plans: demographics by race/ethnicity; cancer rates by race/ethnicity; risk behaviors and factors by race/ethnicity.
- Of those plans with data, many highlighted cancer related health and health care disparities, and identified needs and barriers to cancer prevention and control for AI/AN people.

13 plans identified or discussed cancer related AI/AN health disparities.

What we learned

16 Plans were developed in collaboration or consultation with AI/AN organizations, coalitions, or other tribal groups.

AI/AN representatives or groups included in the planning process were:

- tribal governments
- tribal health advocacy groups
- tribal medical centers
- workgroups or committees
- inter-tribal councils
- the Indian Health Service
- tribal coalitions
- National Native Network (NNN) partner organizations



What we learned

10 Plans had representation of AI/AN culture.

AI/AN cultural values or practices were represented in the plans either in narrative content or the physical design.

8 plans incorporated AI/AN language, images, artwork, or symbols.

6 plans included strategies to integrate AI/AN culture in cancer prevention.

6 plans included strategies to integrate AI/AN culture in cancer treatment.

5 plans described improving the cultural competency of care providers.



What we learned

9 Plans included AI/AN people in cancer prevention efforts.

State plans primarily outlined strategies for **increasing cancer screenings** among AI/AN people, and **addressing risk factors** for cancer.

7 *described promoting and/or providing cancer screenings to AI/AN people.*

5 *states aimed to reduce tobacco use and exposure.*

4 *states had plans to promote health lifestyles, including exercise and nutrition.*

3 *states outlined targeted outreach or education efforts.*



What we learned

5 Plans included AI/AN people in the improvement of cancer treatment.

Cancer treatment strategies for AI/AN populations focused on **supporting access to care** through patient resources, support for providers in reaching the population, and education about cancer care.

4 *states plan to reduce barriers to care.*

2 *states plan to increase access to clinical trials.*



We want to hear from you!

What stands out to you when you hear the results?

What questions do they raise?



Cancer Program interviews: What we did

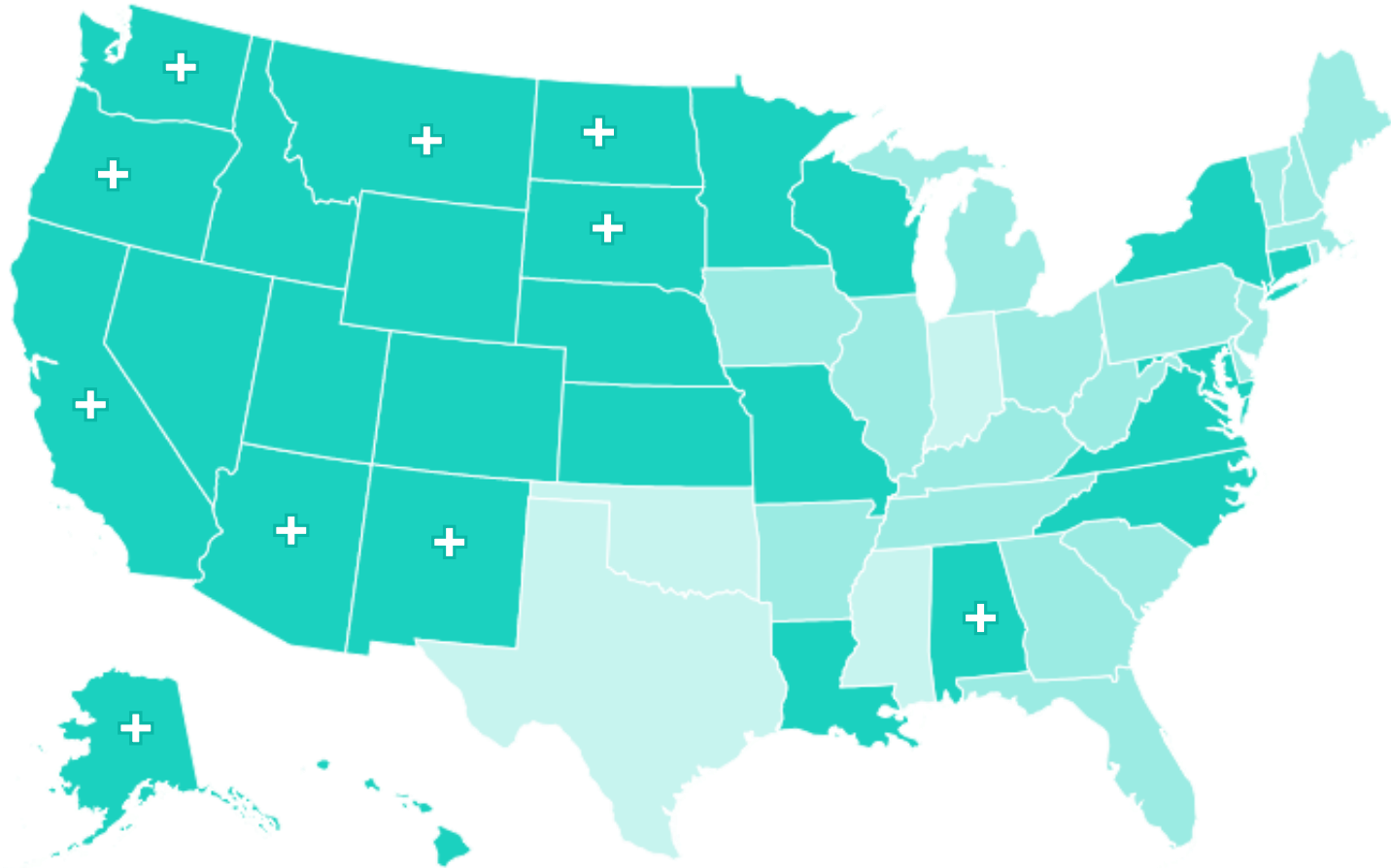
Who did we select for interviews?

- Created a top 10 list of states that demonstrated *evidence of more inclusion* of AI/AN people in their Comp Cancer Plan
- Aimed to recruit at least 1 person from each state program to interview

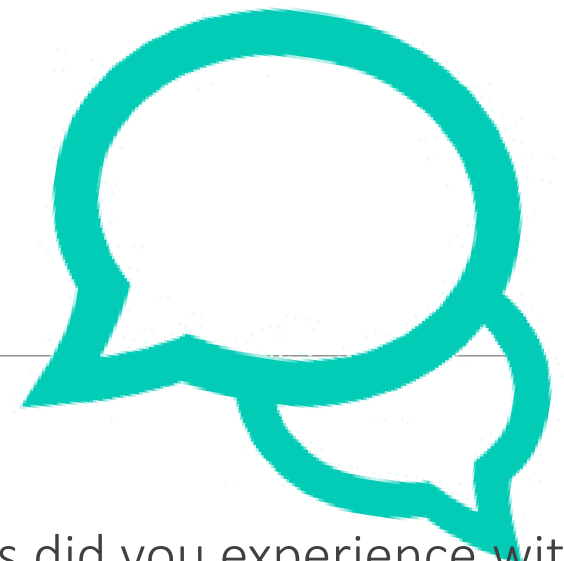
Who did we talk to?

- State health program staff with a lead role in their cancer program/plan (director, coordinator, manager, section head)
- Completed *interviews with 7 state program representatives*

Interviews: Who we asked



Interviews: What we asked



12 questions with follow-up prompts

- What's your role in the program, role in the Cancer Plan?
- What was the state's vision for stakeholder engagement in the Plan, types of organizations/groups involved?
- How were priorities identified?
- How were AI/AN included in the process?
- How were they invited to participate?
- What challenges did you experience with AI/AN engagement?
- What successes resulted from AI/AN engagement?
- What feedback has been received about AI/AN inclusion?
- What plans do you have for including AI/AN people moving forward?
- What would be helpful to know about engaging Native tribes and organizations?

Interviews: What we heard

Engagement levels and strategies varied greatly state to state.

States invited AI/AN stakeholders to be a part of the Plan by:

- making in person appearances at committee and coalition meetings,
- extending invitations directly to committees and coalitions, and
- sending an open invitation through a listerv

There's a spectrum of AI/AN stakeholder involvement:

**Peripheral roles in
the plan review
process**



**Sustainable
ownership of the
program**

Interviews: What we heard

Challenges state cancer plans experience engaging AI/AN stakeholders:

- Having true representation of tribal communities in the planning process
- Relying on one organization to invite AI/AN stakeholders may not bring in everyone's voices
- Difficulty identifying voices missing from the process
- Avoiding “tokenism” in the planning
- Limited tribal funding for cancer programs

“If the tribe doesn't have cancer funding it's hard for them to justify getting involved”

Interviews: What we heard

Challenges state cancer programs experience engaging AI/AN stakeholders:

- History between tribes and other organizations
- Building good relationships takes time
- Staff turnover, consistency is important!
- Balancing the priorities of many different groups
- How to address AI/AN health disparities without treating them as the “other”
- Finding the time and resources to bring everyone together
- Lack of existing data about AI/AN people

Interviews: What we heard

Engaging AI/AN stakeholders led to more culturally responsive objectives, closer examination of cancer related health disparities for planning, and more buy-in for plans and activities among AI/AN stakeholders.

Successes of engagement included:

- Stronger AI/AN representation in cancer program as a whole
- New partnerships
- New learning or training opportunities
- New task force
- New partnership led to tribes and cancer research center having more opportunities for resource sharing and collaboration

Interviews: What we heard

Successes of engagement included:

- A new conference for state health department workers to learn and receive TA about how to work with tribes
- Alignment of tribal and nontribal cancer prevention and control goals
- Culturally appropriate objectives and actions
- Objectives responsive to disparities
- A new committee for AI/AN health

Interviews: What we heard

What did state cancer program staff learn about engaging AI/AN stakeholders?

- Relationship-building is essential
- Relationships need dedicated staff time and resources
- Show up in person whenever possible
- Honor sovereignty in decision making and invitations
- Acknowledge and incorporate existing health promotion efforts in communities
- Reach out to tribal organizations to help make connections with tribes
- Offer supportive resources for travel and collaboration

Interviews: What we heard

“Acknowledge the strength that’s already in existence.”

“We’re such a fast paced society, not everyone works that way.”

Interviews: What we heard

What would be helpful for your program to know about engaging AI/AN stakeholders?

- How to achieve more active participation from AI/AN stakeholders
- How to better be *actively engaged* with tribal organizations
- How to access tribal-level data
- Best practices from other state programs
- How to maintain cultural sensitivity when offering resources from a government entity
- How to propose partnerships in a way that's respectful of AI/AN history and culture, while accomplishing the goal at hand

We want to hear from you!

What stands out to you when you hear the results?

What questions do they raise?



NNN: Engaging States & Tribes

- △ Interacting with States: NTCP, NCCCP, National Partners
- △ Consultation, Best Approaches, NNN as Intermediary
- △ Interacting with Tribes:
- △ Conferences: NCTOH, NCCC, NIHB

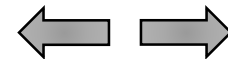


We have learned...



- △ Lack of understanding of traditional tobacco among non-tribal partners
- △ Hungry for knowledge
- △ De-centralization/Interconnection
Programs vary in current connection levels
- △ Technology is a powerful medium

CRIHB: Engaging the State & Tribes



Every
Woman
Counts



California Colon Cancer Control Program

We have learned...



*Alone we are
strong...
together we are
stronger*

We have learned...



- △ Leveraging resources
- △ Relationship building with organizations
- △ Relationship building with individuals
- △ Building trust and support
- △ Cultural competency
- △ Tribal diversity
- △ Tribal consultation
- △ Tribal sovereignty

Let's talk about solutions!

- **What best practices have we seen** in state engagement of tribes in health programs?
- **What do we want state cancer programs to do** to be more inclusive of Native people and their cancer health priorities?
- **What actions can we take** to encourage states and tribes to work together for Native health and cancer health priorities?



Resources



https://nccd.cdc.gov/dcpc_Programs/index.aspx#/2

Readings

Causes of Death Among American Indians and Alaska Natives

https://www.cdc.gov/cancer/healthdisparities/what_cdc_is_doing/aian_causes_of_death.htm

White MC, Espey DK, Swan J, Wiggins CL, Ehemann C, Kaur JS. [Disparities in cancer mortality and incidence among American Indians and Alaska Natives in the United States.](#) *American Journal of Public Health* 2014;104 Suppl 3:S377-S387.

Cobb N, Espey D, King J. [Health behaviors and risk factors among American Indians and Alaska Natives, 2000–2010.](#) *American Journal of Public Health* 2014;104 Suppl 3:S481-S489.

Thank You!

Miigwech!

Thank you!



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