



American Indian
Cancer Foundation®

Maximizing Collaborations to Achieve Collective Impact on Improving Cancer Outcomes across American Indian Communities

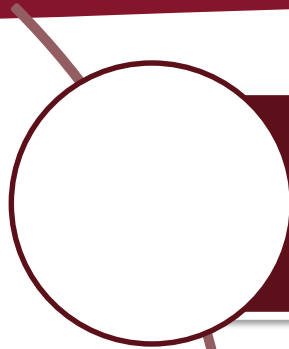
Amber Ruffin MPH

(Arikara, Hidatsa, Ojibwa)

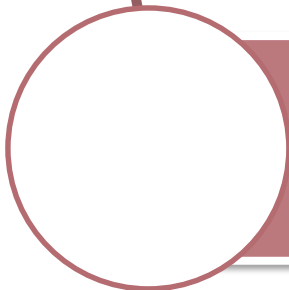
Anne Walaszek MPH

(White Earth Band of Ojibwe)

Presentation Overview



AICAF background



AI/AN cancer burden



Identifying collaborative approaches

- Barriers & solutions
- Capacity building
- Leveraging resources

The AICAF Story

American Indian Cancer Foundation (AICAF) is a national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.



Mission:

To eliminate cancer burdens on American Indian families through education and improved access to prevention, early detection, treatment and survivor support.

Our Approach



We believe...

Native communities have the wisdom to find the solutions to health inequities, but are often seeking the organizational capacity, expert input and resources to do so.



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Cancer is the...

**#1 Cause of Death
for Women**

- #2 Heart Disease
- #3 Unintentional Injury

**#2 Cause of Death
for Men**

- #1 Heart Disease
- #3 Unintentional Injury

The most commonly diagnosed cancers are...

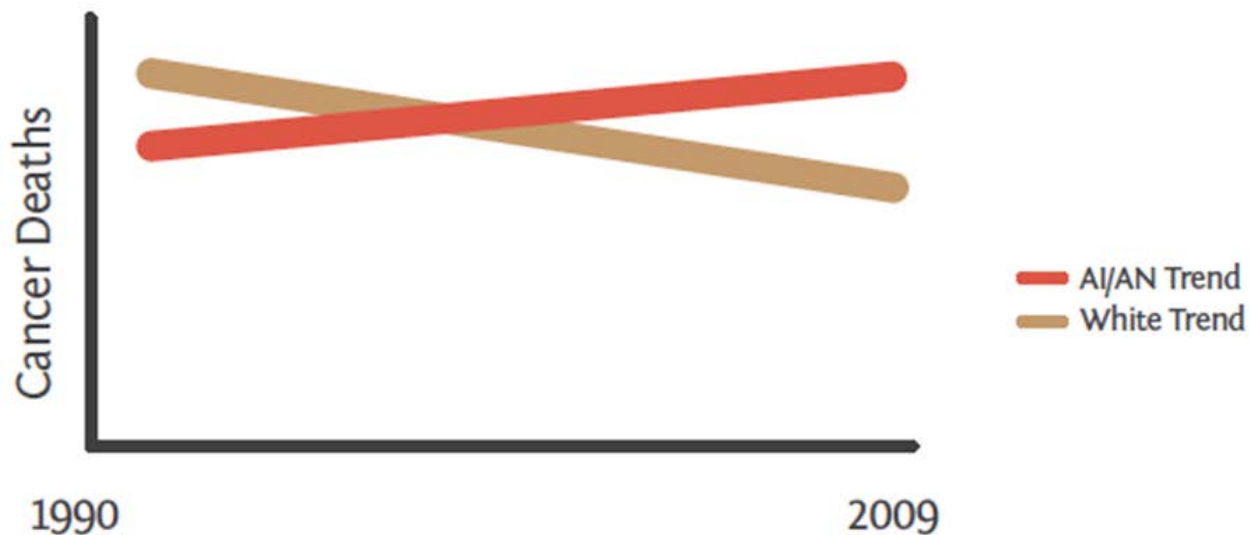


**Lung cancer is the leading
cause of cancer death for
men and women.**

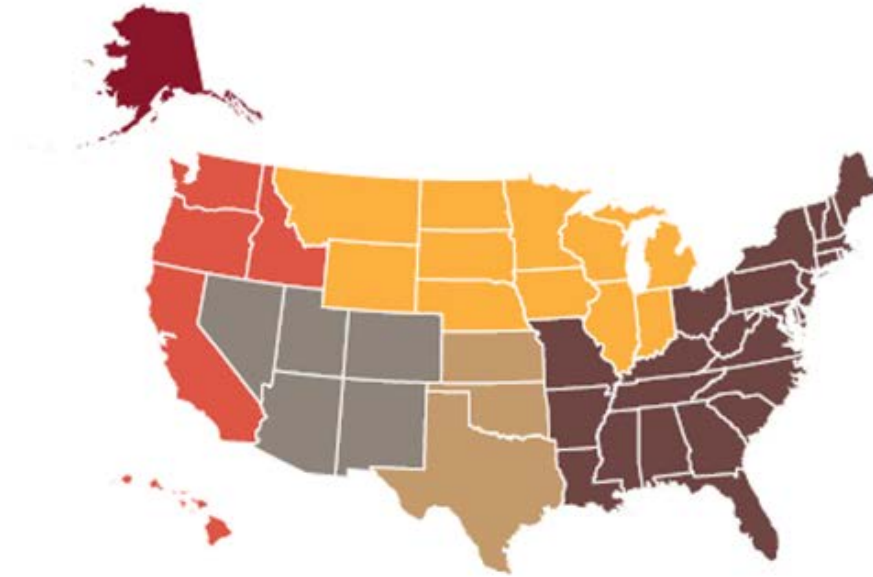
Other leading causes of cancer death are...



Cancer death rates for AI/AN increased over a 20 year period, while decreasing for Whites over the same time frame.

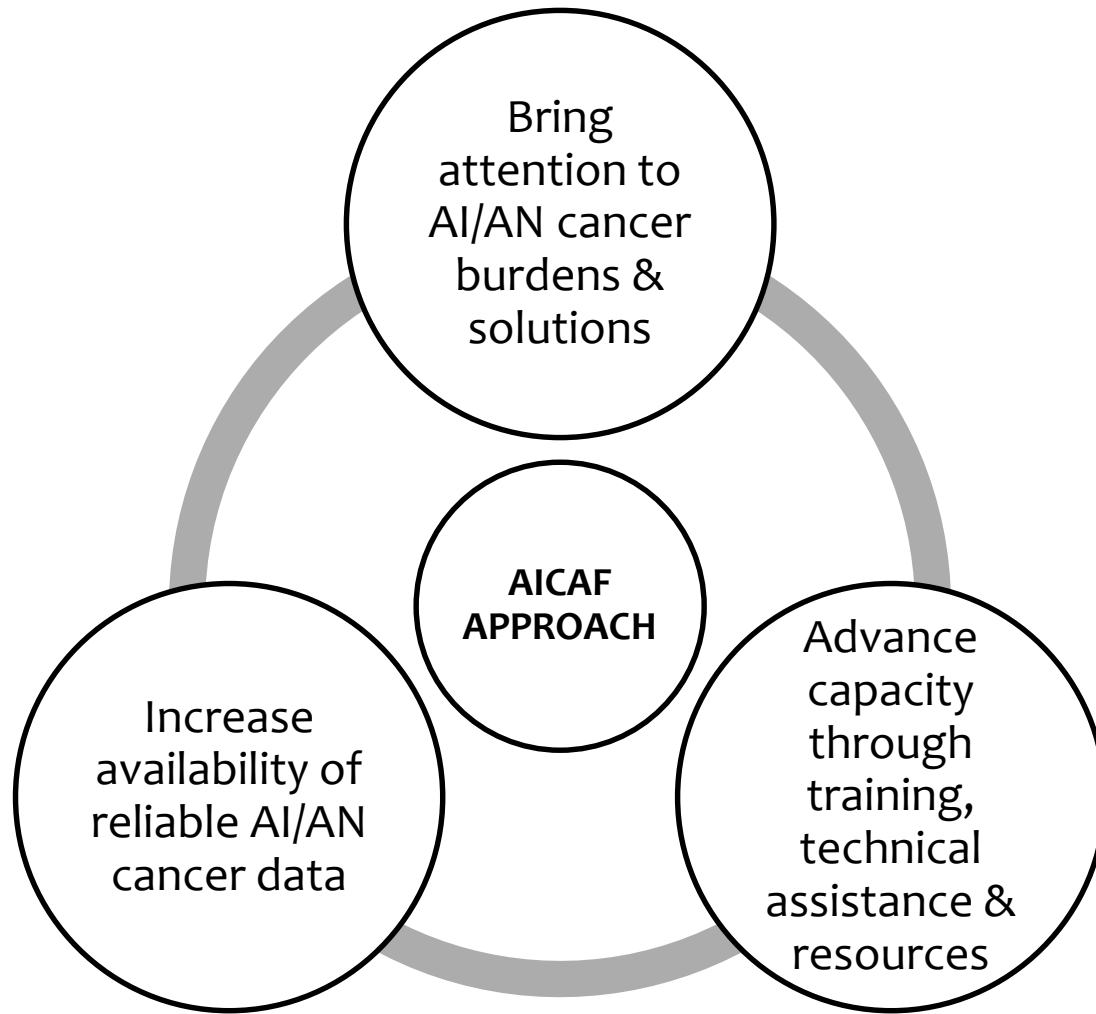


Distinct patterns in AI/AN cancer rates are observed across six geographic regions defined by the Indian Health Service.



Source Data: White MC, Espey DK, Swan J, Wiggins CL, Ehemann C, Kaur J. *Disparities in Cancer Mortality and Incidence Among American Indians and Alaska Natives in the United States*. AJPH: June 2014, Vol. 104, No. S3: S377–S387.

AICAF strengths



Cancer Initiatives at AICAF



Connecting American Indian health systems

- Clinical system support with IHS, tribal and urban clinics
- Cancer education training support for community health
- Program focus areas: Colon, breast, cervical, oral, HPV & tobacco cessation
- **Partnerships**

Importance of partnerships



- Builds & sustains relationships
- Leverage resources
- Minimize burden
- Strengthen programs
- Formalizes commitments

Colorectal cancer initiatives at the American Indian Cancer Foundation



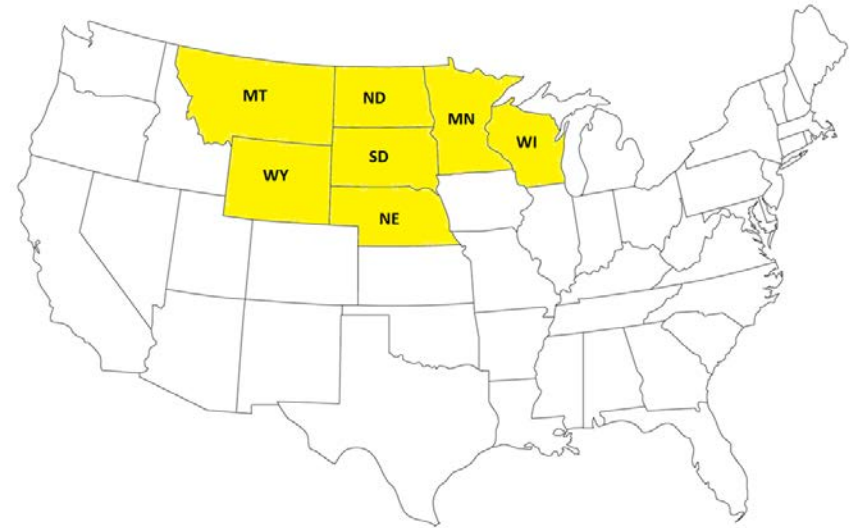
Colorectal cancer: Prevention and screening

American Indian communities across Northern Plains

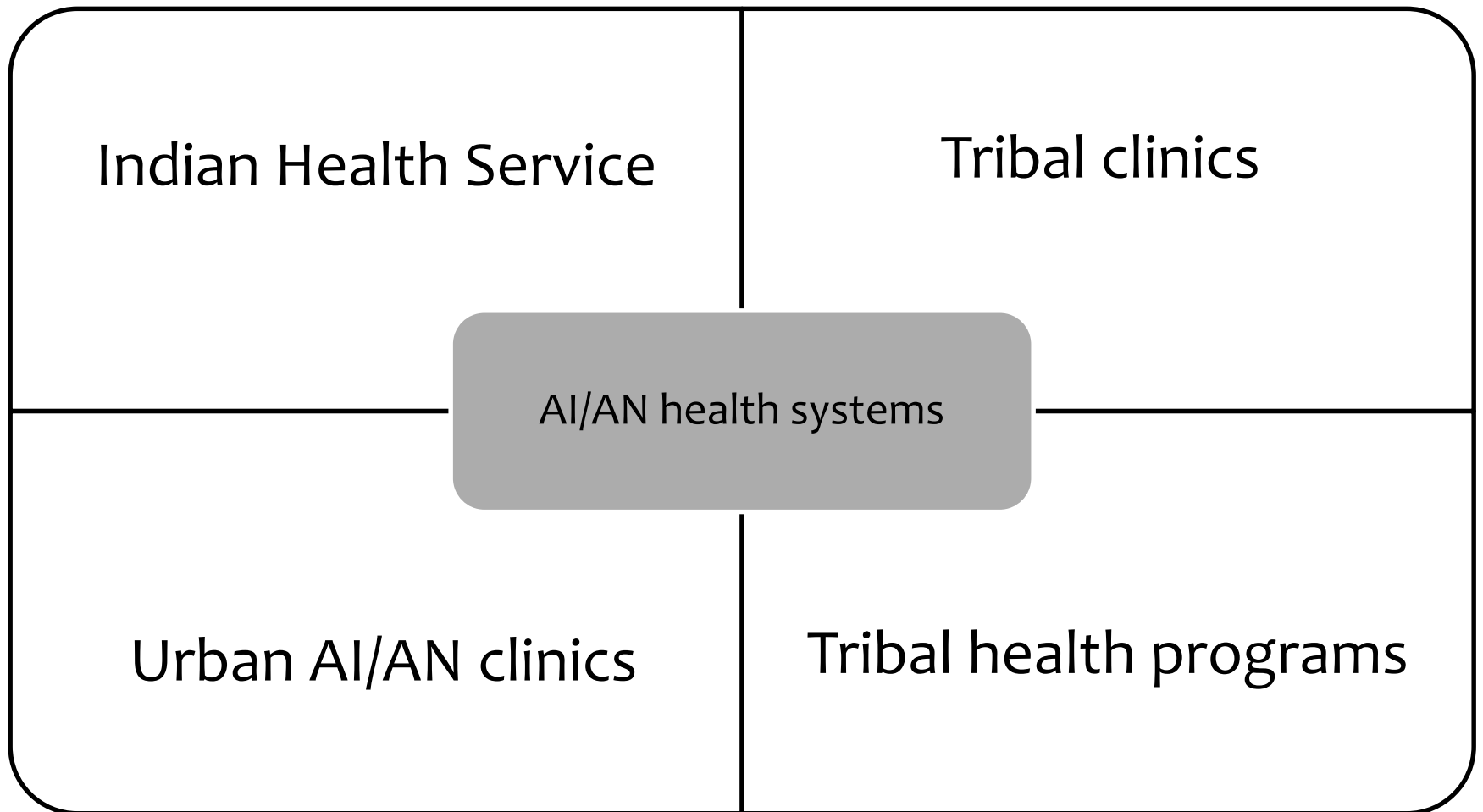
- Clinical system support with IHS, Tribal and Urban clinics
- Cancer navigation training support for community health

AICAF clinic colorectal cancer initiatives

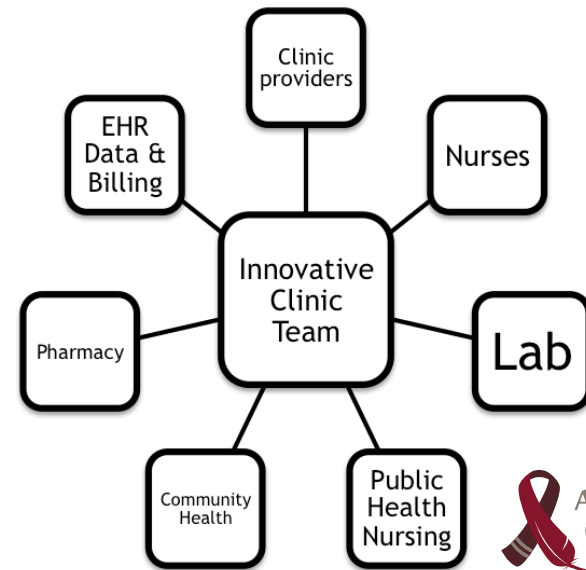
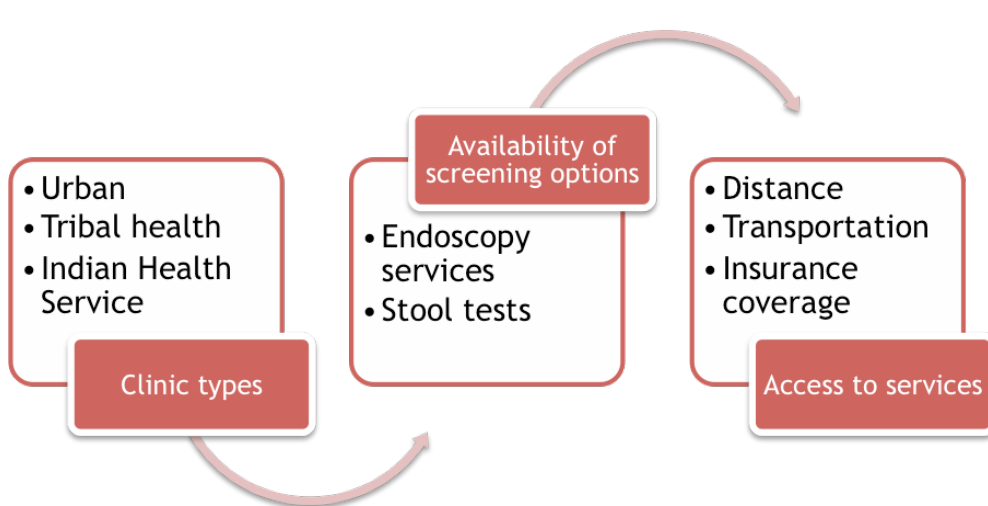
- **Phase 1 - Research project:**
 - Improving Northern Plains American Indians Colorectal Cancer Screening (INPACS)
- **Phase 2 – Quality improvement initiative:**
 - Clinical Cancer Screening Network (CCSN)



Clinic engagement: AI/AN health systems



Clinic engagement: staff & services



Barriers & solutions: colorectal cancer screening



Health System

Barriers: Staff turnover, no tracking system, no clinic policy.

Solutions: Culturally competency training, develop a CRC policy.

Financial

Barriers: Transportation, no funding to support screening.

Solutions: System to coordinate care, connect to multiple resources, increase CRC screening priority in IHS.

Barriers & solutions: colorectal cancer screening

Health Care Provider

Barriers: Limited time, unaware of current screening rates.

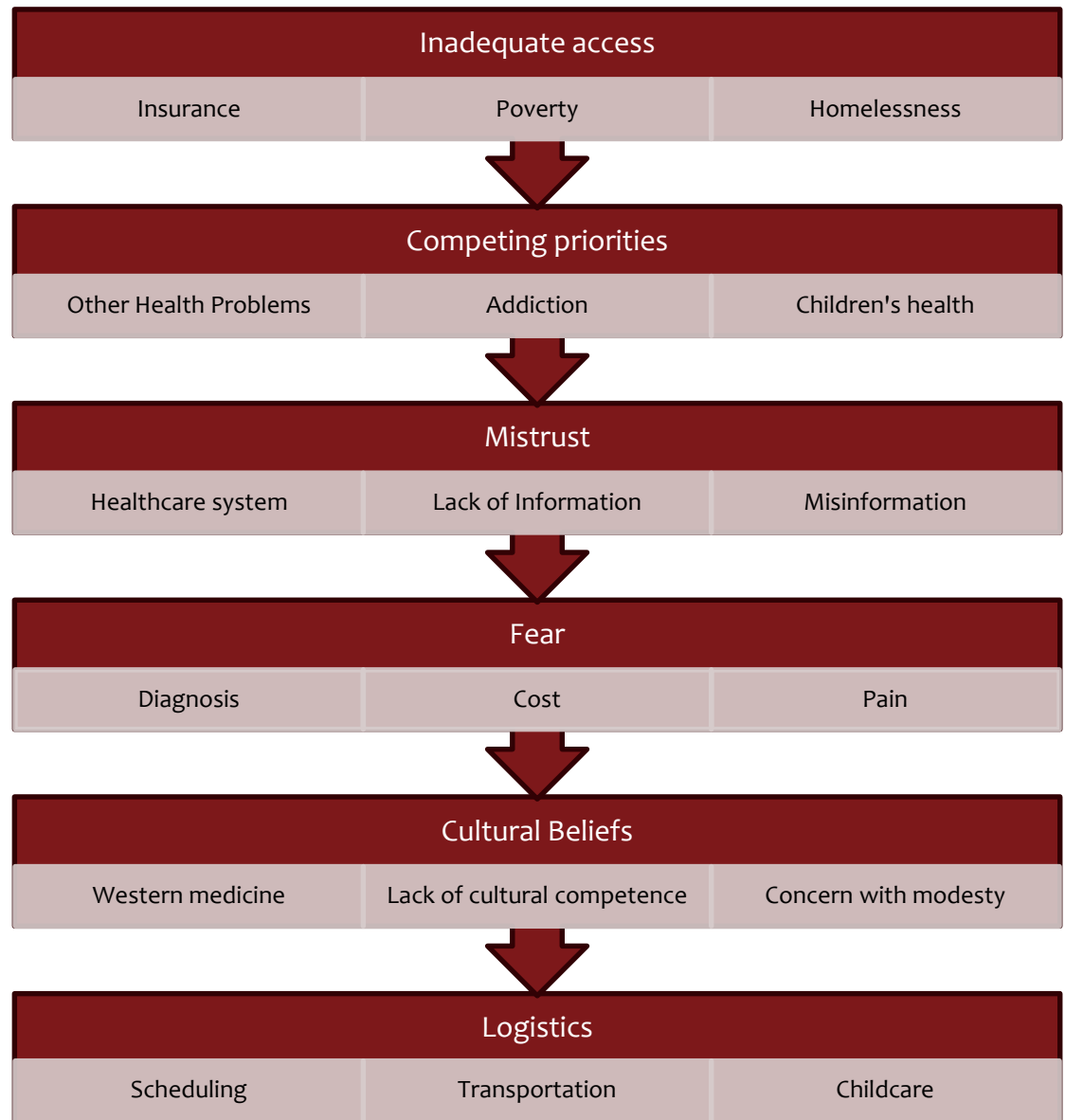
Solutions: Develop a team approach for care, create a tracking system to report back to provider/team on screening progress.

Individual or Community

Barriers: Fear, no symptoms - no problem.

Solutions: Community champion, patient/clinic education & resources, create clinic & community health link to support CHRs to provide education.

Individual & System Level Barriers to Screening



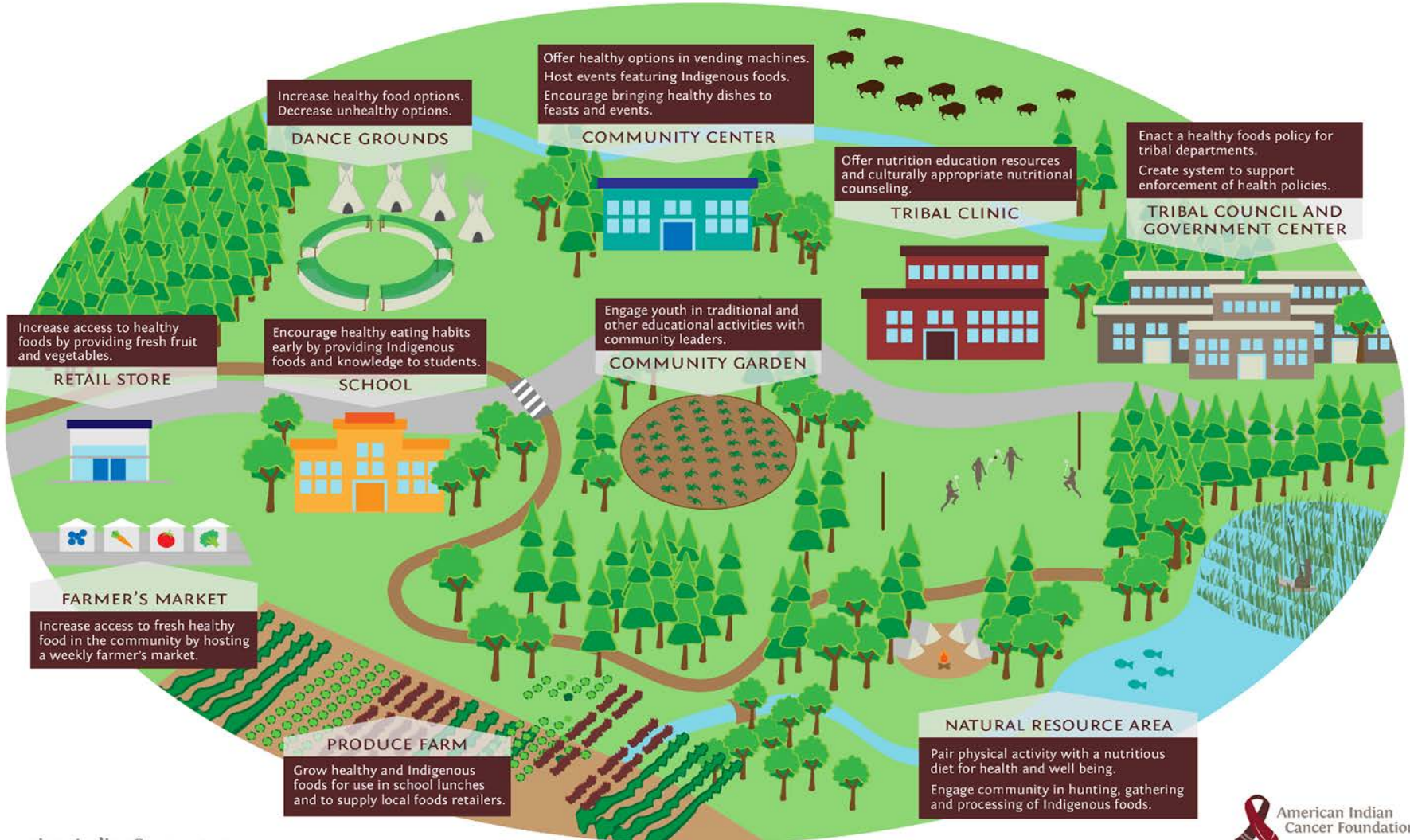
HEALTHY EATING FOR STRONG NATIVE COMMUNITIES

INDIGENOUS LIFEWAYS TO HEALTH

▶ Indigenous Foods: Plants and wild game originating from the local land base.

▶ Healthy options: fruits, vegetables, whole grains, lean proteins, natural foods.

▶ Unhealthy options: sugar sweetened beverages, foods high in saturated fat and sodium.



Key partnership: Community Health Workers (CHWs)



“Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve.”

Links systems: Communities & clinics

Bridging the gap between communities and health/social service systems:
Core CHW roles



AICAF strategy:

Goal driven community focused

- Our clinic & community health team **collaborates** with AI/AN partners to identify their **level of readiness** to address new cancer strategies that are **culturally tailored** to be effective in their health systems

Clinic system & community health: education & support

Reaching the Community:

Prevention & screening

- Patient brochure
- Infographic
- Media messaging (public television, radio interviews)

Providers & Clinic Team:

USPSTF guidelines & best practices

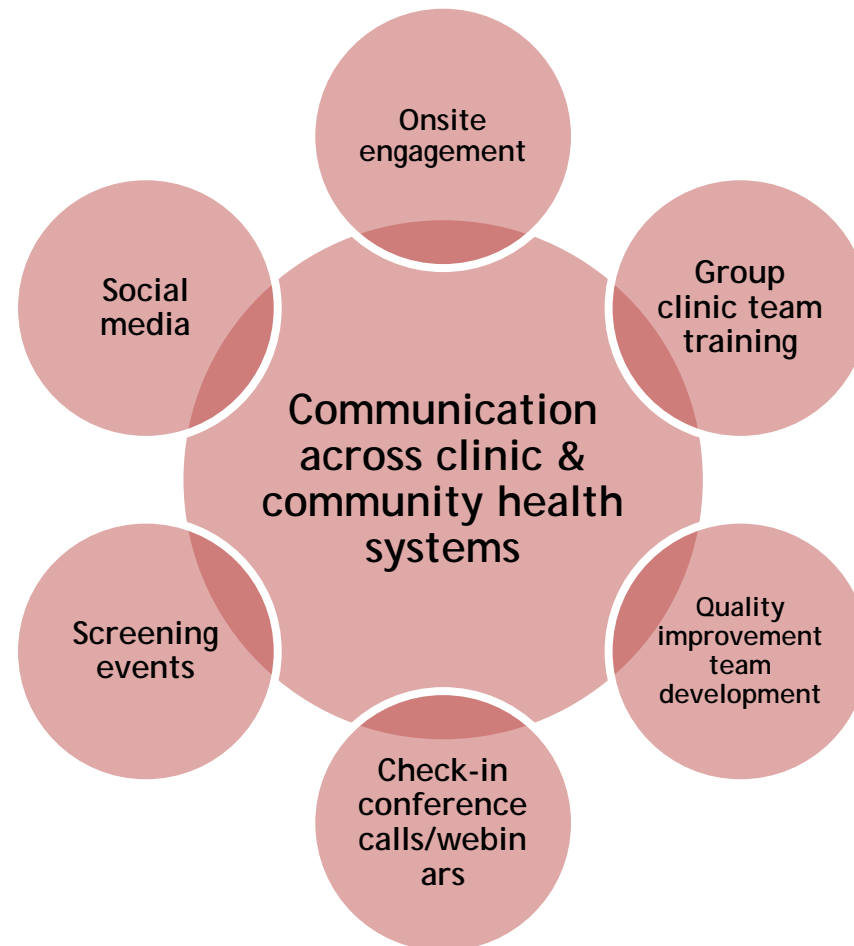
- CRC AI-specific CME/CEU credit training
- Clinic team identification of level of readiness to improve strategies

Community Health Workers

Colon health & clinic-community health linkages

- CHR training
- CRC Technical Assistance Program
- Distribution of 1:1 education tools & resources

Communication across systems



American Indian Cancer Voice



Community engagement:

- Presentations, exhibits, media
- Partnerships that leverage community interest, resources and investments
- Fundraiser and awareness events

Power of Culturally Tailored Media



Bring attention to AI/AN cancer burdens and solutions:

- AICAF maximizes the use of media through:
 - News stories, radio and television
 - Reaches the communities
 - Highlights the importance of screening are strategies we try to fulfill in our work.

AICAF-developed education materials

Colon Cancer in Northern Plains American Indians

What is Colon Cancer?

Cancer is a disease in which cells in the body grow out of control.

Colon cancer can happen in the lower part of your digestive system: large intestine, rectum, and anus.

How Does Colon Cancer Start?

Most colon cancer starts as small, noncancerous bumps called polyps that become cancer.

Over time some of these polyps may change into cancer.

Health care providers suggest regular screenings for polyps or to find colon cancer.

There are often no symptoms in its early stages.

Screening Saves Lives

It's a good idea to get screened for colon cancer.

It's a good idea to get screened for colon cancer.

COLON CANCER IS 53% HIGHER IN NORTHERN PLAINS AMERICAN INDIANS

Who is at Risk for Colon Cancer?

People who:

- Have a family history of colon cancer
- Have a personal history of colon cancer
- Are African American, White, or Hispanic
- Are 45 or older
- Have had polyps in the past
- Have had inflammatory bowel disease

Everyone ages 50-75, especially American Indians.

Who Can I Be?

There is more than one way to get screened. Ask your health care provider for options.

Visit www.aicaf.org/indian for more information.

Quit Connections your path to commercial tobacco cessation

Of the current American Indian Smokers in Minnesota... Nearly 2/3 want to Quit Smoking but don't know where to start.

TAKE ACTION! Talk to your doctor or cessation counselor about what cessation option works best for you.

For cessation options and support, join Quit Connections on Facebook.

Quit Connections your path to commercial tobacco cessation

COMBINATION OPTIONS Increase your chances of quitting

- Bupropion = 👍
- Gum = 👍
- Lozenge = 👍
- Patch = 👍
- Inhaler = 👍

Indigenous Pink Breast Health

1 in 8 women will get breast cancer in their lifetime

Increased Risks

- GENETICS** Inherited DNA changes in genes
- GENDER** Being female
- BREAST DENSITY** High density breasts
- AGE** Getting older (40)
- FAMILY HISTORY** Mother, sister, daughter has had breast cancer

What can I do?

- BREASTFEED** Breastfeeding reduces estrogen exposure that helps prevent breast cancer
- REGULAR MAMMOGRAMS** Women 40+ should have the option to have a mammogram once a year
- REGULAR BREAST EXAMS** Speak to your health care provider for options
- WEIGHT CONTROL** Overweight or obese women are at a higher risk
- EXERCISE** Exercising 3 days/week may lower your risk
- LIMIT ALCOHOL USE** Alcohol can increase estrogen which can increase risk

Breast cancer usually has no symptoms when the tumor is small and most treatable.

Screening Guidelines/Recommendations

- Age 40-44: Option to begin annual screening
- Age 45-54: Annual screening
- Age 55+: Screening every 2yrs, Option to screen yearly

Talk to your health care provider about when screening is best for you.

AICAF.ORG @AMERICANINDIANCANCER #AMERICANINDIANCANCER

American Indian Cancer Foundation.

Culturally tailored resources:

- Shared decision-making

Check out www.AICAF.org for resources available online

INDIGENOUS PINK

Day 10.19.2017

#INDIGENOUSPINK

 AMERICANINDIANCANCER.ORG/PINK  [/AMERICANINDIANCANCER](https://www.facebook.com/AMERICANINDIANCANCER)  [@AICAF_ORG](https://twitter.com/AICAF_ORG)



Please join us as we host a Twitter #PapChat in recognition of Cervical Cancer Awareness Month this January.

Cervical Cancer in American Indians

TUESDAY, JANUARY 24
1PM-2PM CST



Participate using: #PapChat
Hosted by @AICAF_ORG





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CLINIC PARTNERSHIPS: BUILDING CAPACITY

American Indian Cancer Foundation: Clinic & Community Health Technical Assistance

Our team collaborates with AI/AN partners to identify their level of readiness to address new cancer strategies in their health

systems.

Technical assistance:

Clinic team engagement

- Needs assessment
- Action plan development

Quality improvement strategies

- Policy templates
- Motivational interviewing
- Process mapping

Link clinic & community health

- Facilitate partner meetings
- Identify strategies

supportive across systems

Trainings:

Skill-building areas

- Train the trainer
- Cancer education
- Best practices
- Continuing education

Interactive activities

- Communication tips
- Education games

Multiple learning formats

- In-person
- Webinar
- Mini web series

Resources:

Culturally tailored tools

- Guidebooks/toolkits
- Small media tools

Education materials

- Provider & clinic teams
- Patients-directed
- Community awareness

Clinic partnerships: Building capacity

Set a goal

Identify strategies

Define roles

Expand partnership

Partnership goal: Clinic & AICAF

Create and sustain clinic system processes that increase cancer screenings and follow ups through collaborative technical assistance support within American Indian health systems.

- Advance **CLINIC capacity** in evidence-based health practices across clinic and community health systems

Partnership strategies: Clinic & AICAF

Advance **CLINIC capacity** in evidence-based health practices across clinic and community health systems

- Mini-training series
 - Abnormal Pap open discussion
- Culturally-tailored resources
 - Social media kit
 - Turquoise Tuesday event
- Clinic-identified quality improvement strategies
 - Same-day Pap tests
 - Create abnormal follow-up process flow

Partnership roles: Clinic & AICAF

- CLINIC core team:
 - Quality Improvement Manager
 - Community Health Manager
 - Registered Nurse
 - Community Health Worker
- AICAF core team:
 - Clinic & Community Health Coordinators
 - Nurse Educator
 - Community Education Coordinator
 - Clinic Systems Coordinator

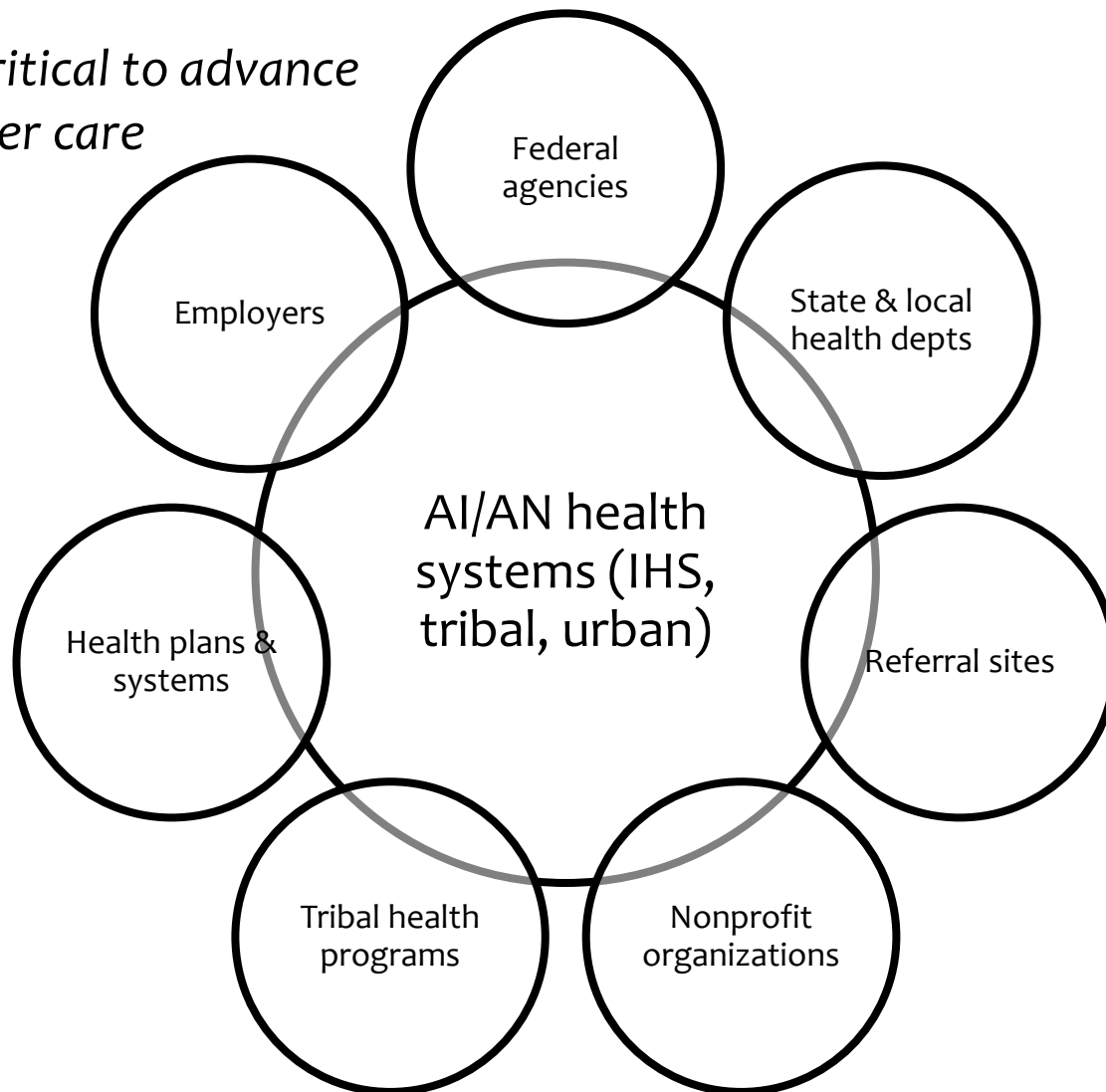


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CLINIC PARTNERSHIPS: LEVERAGING RESOURCES

Clinic partnerships: Leveraging resources

*Partnerships critical to advance
improved cancer care*



Bridging partnerships: Making the case & shared responsibility

Creating the “buy-in”

- Health equity
- Cancer burden
- Preventive care
- Long term costs

Identifying roles

- Services
- Education
- Data

Our reality is determined by history...

“Health inequities are directly linked to determined and deliberate efforts of U.S. federal, state, and local governments to uproot American Indians from their lands, eradicate their languages and destroy their ways of life.”

Advancing Health Equity in Minnesota

Report to the Legislature



Why invest in screening?



Recommended ages for colorectal cancer screening (ages 45-75) overlaps current workforce

Finding cancer early through screening lowers health care costs

Multiple screening options lead to more completed screenings

Cancer screening policies lead to a healthier community

Shared outcomes: benefits & collective impact

Increased
screening

Reduced acute
care visits

Decreased late
stage diagnoses

Increased
productivity

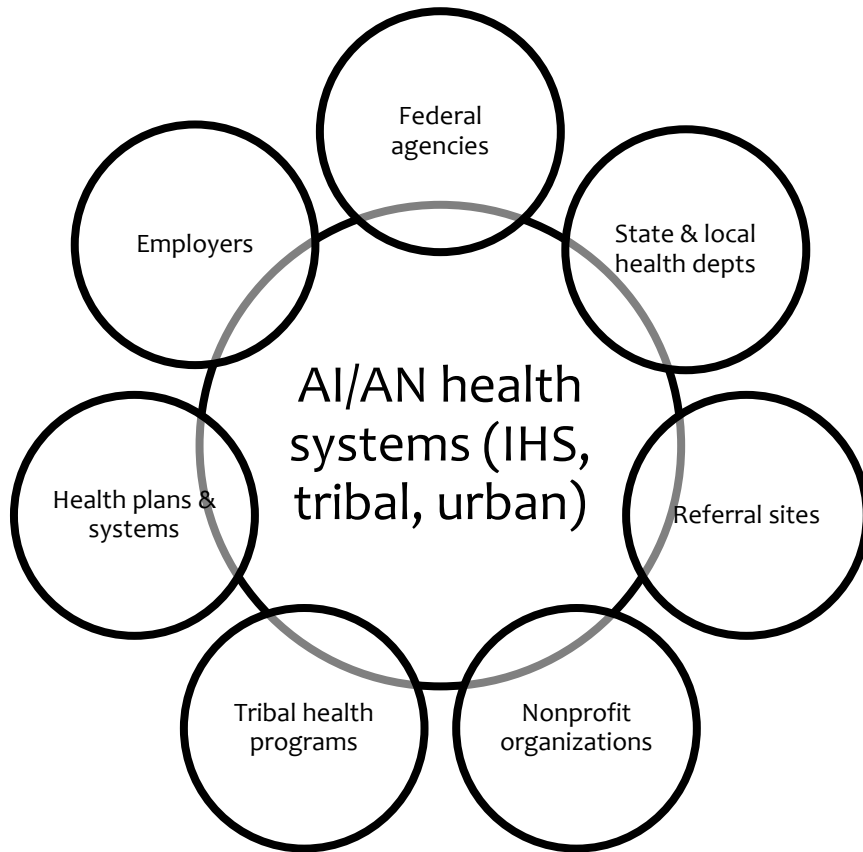
Reduction of
absenteeism

Lower health
care costs

Promotion of
healthy work
environment

Impact to
overall
community
wellness

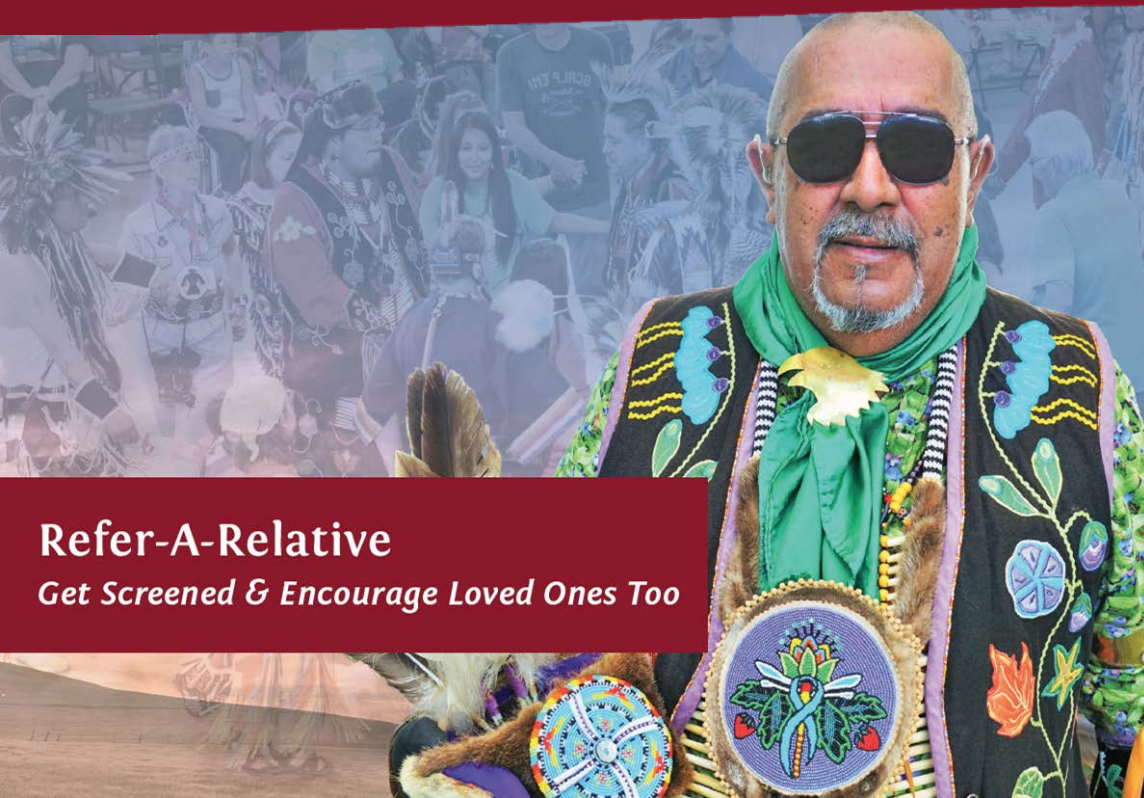
Clinic partnerships: effective communication



- Intervention strategies:
 - Clinic trainings
 - QI initiatives
 - Screening events
 - Shared small media distribution

Direct Mail

Tool: Culturally tailored cue-to-action campaign

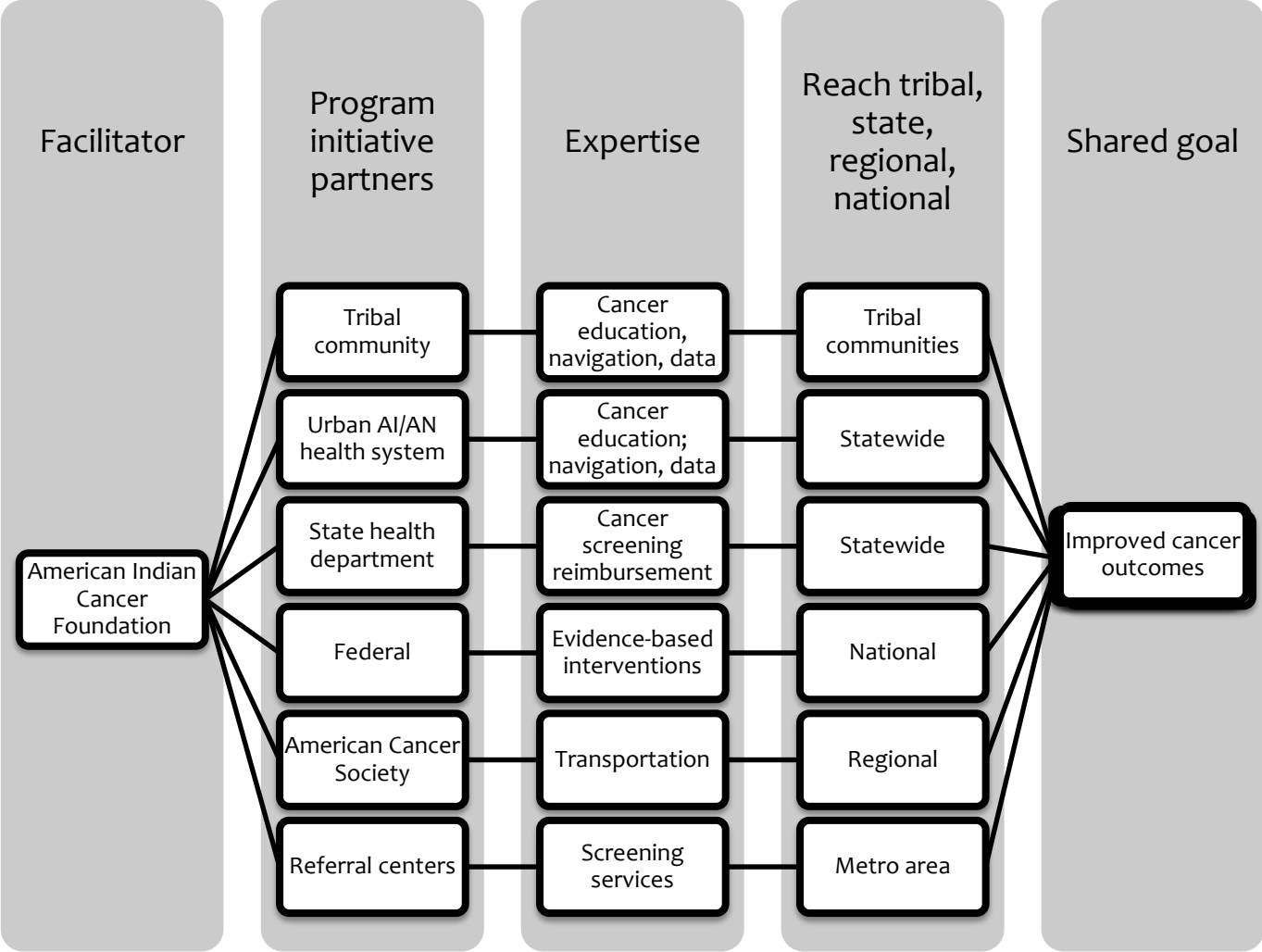


Refer-a-Relative seeks to:

- Increase colorectal cancer awareness in AI/AN community
- Increase screening rates at clinics
- Encourage peer support along with an incentive
- Builds partnerships across clinics, medical centers, state health depts & AICAF

Community champion helps voice the importance to get screened

Collaboration to enhance cancer screening completion in AI/AN communities



Engagement activity: Assessing readiness with partners

- Your clinic/community wants to increase cancer screening rates without adding burden onto current activities.
 - Identify:
 - Key partners
 - Barriers within system
 - Current successful programs

Partner with AICAF

Join our online community:



- Sign up for our quarterly newsletter
- Visit www.AICAF.org for resources

Contact our employee cancer prevention partnership team:

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Urban Cancer Solutions Manager
aruffin@aicaf.org

Anne Walaszek, MPH
Clinic & Community Health Manager
awalaszek@aicaf.org