

Reducing Disparities in Cancer Education, Care Access and Outcomes among Native Americans

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Background

CANCER INEQUITIES AMONG NATIVE AMERICANS

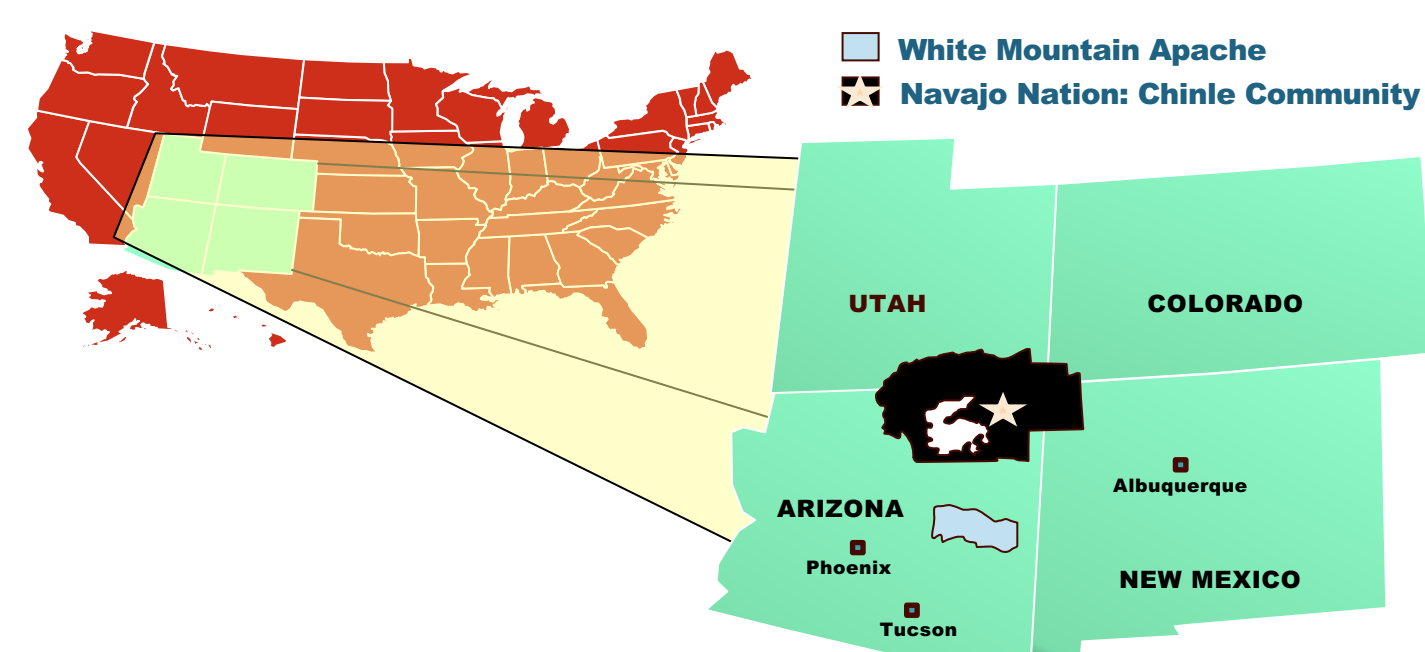
- Native Americans experience unique cancer patterns due to their history, culture, where they live, and how they get health care.¹
- Over the past two decades, while cancer rates for non-Hispanic whites have fallen, cancer rates increased for Native Americans.¹
- Native Americans have the lowest cancer survival rates of any racial group in the US.²
- Breast cancer is the most common cancer among Native American women in the Southwest, and colorectal cancer is the second most common cancer for Native American women and men in the Southwest.³



Project Need

- Despite known and increasing cancer disparities among the Native American population, tribal specific cancer patterns, screening and treatment/care-seeking behaviors are not well documented.
- This project will produce qualitative and quantitative cancer data specific to the Navajo Nation and the White Mountain Apache Tribe, and will produce a model blueprint for addressing what is now a severely fragmented continuum of care for reservation-based Native American cancer patients.
- Tapping cultural strengths and community assets through deep community engagement will help to ensure feasibility, acceptability and rapid diffusion of knowledge and innovations.

Project Sites



Project Goals

The overall goal of this project is to reduce disparities in cancer education, screening, access to high-quality treatment, and morbidity and mortality among Native American patients and their families. Specific goals include:

- **Goal 1:** Mobilize integrated networks of local and regional stakeholders, cultural and technical experts to guide the project.
- **Goal 2:** Conduct baseline assessment of key indicators of targeted change for breast, colorectal and stomach/gastric cancers, including incidence rates, screening rates, stage at diagnosis, care-seeking behaviors and mortality rates.
- **Goal 3:** Conduct formative research at each site to understand barriers and facilitators of screening and connections to care, focusing on breast, colorectal and stomach cancers.
- **Goal 4:** Apply findings from goals 2 and 3 to plan feasible, sustainable and culturally informed interventions and system changes.

Progress to Date

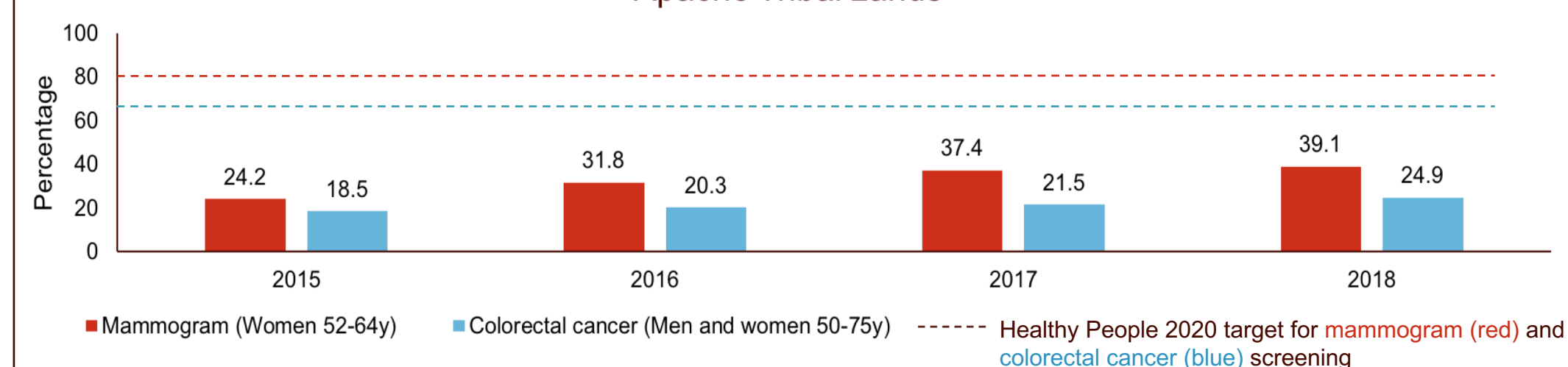
Goal 1: Mobilize integrated networks of local and regional stakeholders, cultural and technical experts to guide the project:

- Preliminary meetings with key stakeholders from Indian Health Service (IHS) in Chinle and Whiteriver have been completed.
- Preliminary meetings with local and regional cancer experts & cultural experts are ongoing.
- The first cross-site steering committee is scheduled to occur in late summer/early fall 2019.

Goal 2: Conduct tribally approved baseline assessment of key indicators of targeted change:

- Meetings with key IHS data experts have been completed and a final outline describing data needed for analyses has been developed.
- We are currently seeking tribal approvals and plan to have all IRB and tribal approvals by summer 2019.
- Screening data for the Whiteriver Service Unit has been obtained and analyzed. See Figure 1 below:

Figure 1. Mammogram and Colorectal Cancer Screening Rates on White Mountain Apache Tribal Lands



Next Steps

Over the next 6 months we plan to complete the following activities:

Goal 1: Mobilize integrated networks of local and regional stakeholders, cultural and technical experts to guide the project:

- Complete informational interviews with key stakeholders and cultural experts.
- Identify members for local community advisory boards and the cross-site steering committee.
- Host community advisory board meetings and the cross-site steering committee in late summer/early fall 2019.

Goal 2: Conduct tribally approved baseline assessment of key indicators of targeted change:

- Obtain tribal and IRB approval for data collection and analyses.
- Obtain data from IHS and complete chart reviews.
- Conduct preliminary data analyses and share results with local community advisory boards and the cross-site steering committee.

Goal 3: Conduct formative research at each site to understand barriers and facilitators of screening and connections to care:

- Draft in-depth interview and focus group discussion guides based on based on results from the data analyses and feedback from the advisory boards.
- Submit qualitative data collection instruments to the IRB for approval.
- Begin collecting qualitative data in fall 2019.



References

1. https://www.cdc.gov/cancer/healthdisparities/what_cdc_is_doing/aian.htm
2. <http://whhttp://www.americanindiancancer.org/american-indian-cancer-facts>
3. White A, Richardson LC, Li C, Ekwueme DU, Kaur JS. Breast cancer mortality among American Indian and Alaska Native women, 1990–2009. *American Journal of Public Health* 2014;104 Suppl 3:S432–S438.
4. <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>

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