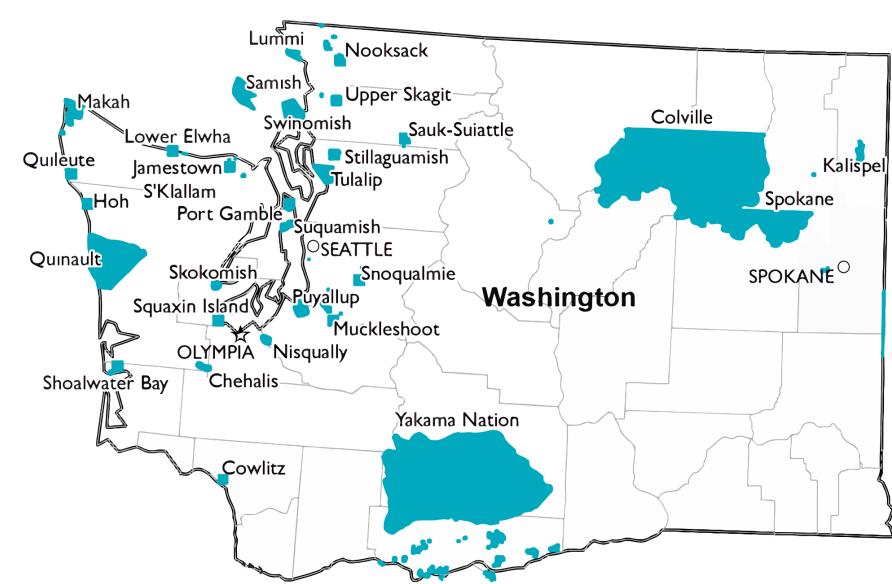


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# Background

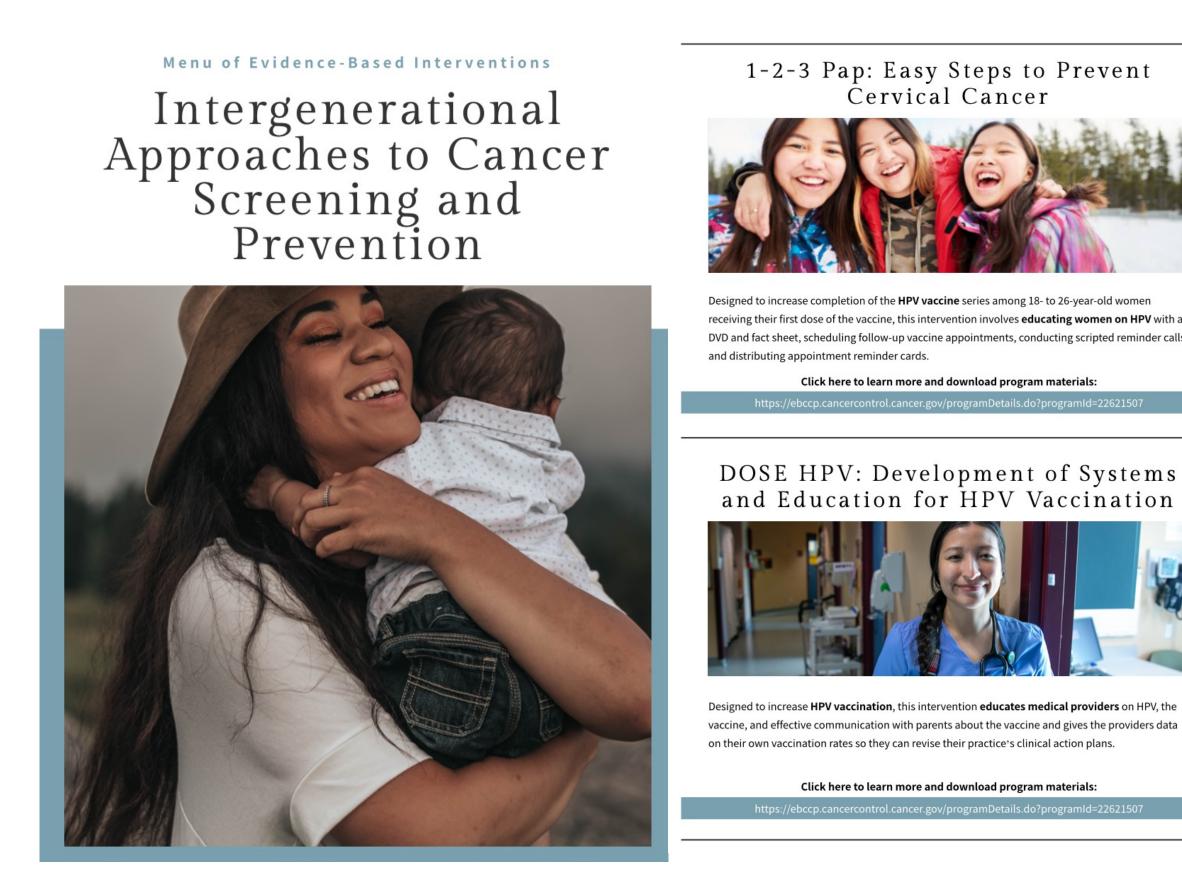
- The Fred Hutch/UW/Seattle Children's Cancer Consortium's (the Consortium) OCOE uses community-engaged approaches to identify the cancer burden and address inequities. • The Northwest Portland Area Indian Health Board's (NPAIHB) Northwest Tribal Cancer Control Program, funded by the CDC's National Comprehension Cancer Control Program, uses an integrated and coordinated approach for program implementation and cancer control activities among 43 Tribes in Washington (WA) state, Oregon, and Idaho.

### Figure 1. Federally Recognized Tribes in WA State



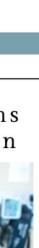
- In the WA state catchment area, American Indian/Alaska Native (Indigenous) populations experience elevated mortality rates for several major cancer sites, some of which exceed rates for Indigenous populations nationally.
- OCOE and NPAIHB's NTCCP partnered together in the conception, design, funding application, and implementation of this proposal.

### Figure 2. Menu of Intergenerational Approaches to Cancer **Screening & Prevention**



# Indigenous Intergenerational Interventions to Address Cancer





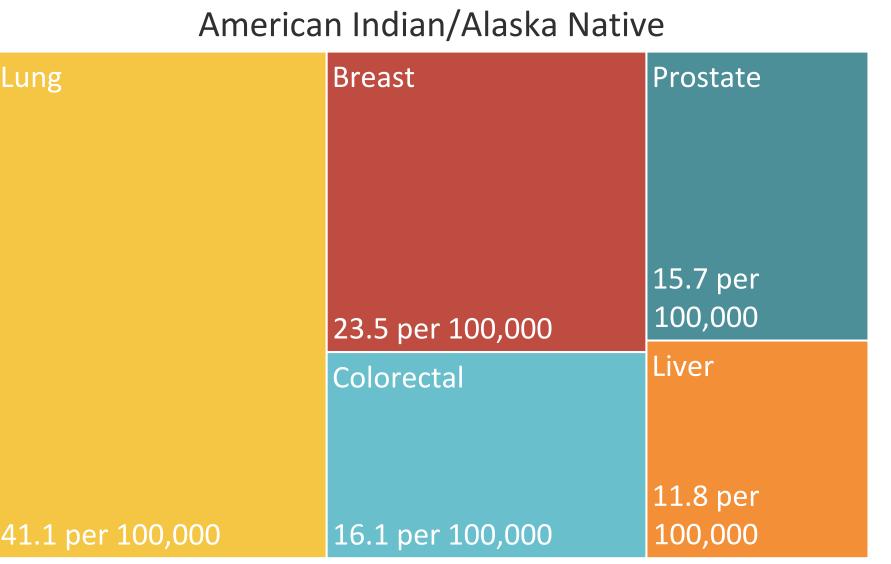


- The COVID-19 pandemic's disproportionate harm to Indigenous communities has resulted in deferred cancer screenings, diagnosis, and stage progression.
- Major cancer inequities continue to pose critical public health problems for Indigenous populations in the disparities in breast cancer (BC) and colorectal catchment area, constituted an important new opportunity to develop collaborative efforts for this project.

### Cancer Incidence Rates Among AI/AN & NHW Populations in WA State, 2014-2018

American Indian/Alaska Native				
Breast	Prostate	Lung		
	76.2 per 100,000	68.3 pe	er 100,000	
	Colorectal		Liver	
			21.3 per	
172.9 per 100,000	55.2 per 100,000		100,000	

### Cancer Mortality Rates Among AI/AN & NHW Populations in WA State, 2014-2018



Washington State Incidence/Mortality Data: Washington State Department of Health, Center for Health Statistics, released in October 2019

### **Specific Aims**

- Empower communities to increase BC and CRC screening and HPV vaccination via Indigenous designed and led media campaigns.
- Implement intergenerational cancer control interventions to increase access to BC screening and HPV vaccination.
- Evaluate impact:
- Media campaign
- Number of resources and people who receive education
- BC screening and HPV vaccinations



## Approach

cancer (CRC) burden, and HPV vaccination rates among Indigenous people in our

Non-Hispanic White			
Breast	Prostate	Colorectal	
		54.8 per	
	96.4 per 100,000	100,000	
	Lung		
169.2 per 100,000	54.8 per 100,000		

Non-Hispanic White			
Lung	Prostate	Colorectal	
	20.4 per 100,000		
	Breast	12.3 per 100,000	
		Liver	
36.8 per 100,000	20.3 per 100,000	6.2 per 100,000	

Focuses on community strengths (instead of community weaknesses and barriers)

Leverages resources between Tribes, the Consortium, and NPAIHB

- AI/AN populations.

# Discussion

• This collaboration provides a roadmap for future NCI-Designated cancer center and CDC-funded comprehensive cancer control program collaborations with tribes and urban tribal organizations.

• Utilizing a Community-Based Participatory Research (CBPR) approach increases tribal engagement:

> Examines positionality as the Cancer Consortium

Online engagement reduces burden for tribal partners due to distance and rurality

# **Conclusion/Implications**

• Few evidence-based interventions exist that have specifically been developed and tested by and within American Indian populations. Those that exist are not always readily accessible. Consider applying Indigenous Social Determinants of Health in future research and intervention implementation with Indigenous communities:

 Indigenous peoples have their own knowledge systems that reflect Indigenous-specific understandings of the factors that impact health and wellness

 Improves intervention fit when conducting research in partnership with Indigenous communities

• Improves the science by incorporating more holistic

perspectives in ensuring replicability and implementation

# Acknowledgements

• A special thank you to the NTCCP of the NPAIHB for their ongoing support and partnership in addressing cancer among

• This project is supported by the National Cancer Institute of the National Institutes of Health under Award Number

P30CA015704. The content is solely the responsibility of the

authors and does not necessarily represent the official views of the National Institutes of Health.