



Spirit of EAGLES newsletter

American Indian/Alaskan Native Leadership Initiative on Cancer

American Indian and Alaska Native (AI/AN) populations have very high incidence rates for specific cancer sites and poor survival rates for most cancers. The AI/AN Leadership Initiative on Cancer addresses comprehensive tribal cancer control.

**Spring/Summer
2011**

Supporting

Education

Advocacy

Grants

Leadership

Elders

Survivors

Scholarships

*in Indian
Country*

Chairman's Corner



*Judith Salmon
Kaur, M.D.*

The Spirit of EAGLES is fully engaged in our new U54. Despite disappointing budget cuts, we are glad to be funded and are looking at ways to maximize our partnerships. If you or your organization has ideas for a grant, please consider us as a partner, either as a supporter with a letter for your program or an active participant to supplement activities that our CNP is unable to fund.

We held our network meeting in Bethesda, MD. and were pleased to have both Dr. Rina Das and Dr. Liz Perruccio, our new Program Officer participate. Three of our new Hampton Faculty Fellows presented their projects to the group. We also passed around a copy of the December 10

Oklahoma County Medical Society Bulletin which congratulated Dr. Hampton on this unique way of honoring his service to students and community-based participatory research.

Major decisions included the vote to hold our triennial conference in 2013 in Albuquerque. The leadership of Chuck Wiggins and Emily Haozous there should be a major advantage. The Seattle meeting was largely successful due to local help from Nancy Zbaren, Teresa Garrett Hill and Auntie June Strickland! We are also thankful for Rick Strickland's diligence as finance committee chair to make sure our budget wasn't exceeded. Given the state of the economy, we may need to twist his arm to help us for 2013!

The group also supported our intent to provide community grants through an RFA this spring (details from Paulette will be advertised by email distribution and the website application in early May). Start thinking of your best ideas!

I attended the 102nd annual meeting of the American Association for Cancer Research (AACR) held in Orlando, April 2-5. Spirit of EAGLES participated in the scientist-survivor program. Cece Whitewolf from Native People's Circle of Hope had a poster about the Roots of Strength conferences and highlighted the Yellow Shirt project which was partially funded by Spirit of EAGLES a few years ago. (See photo)

We thank all of you for continued support and look forward to a productive spring and summer!

All the best,
Judith (alias "Coach K")



Cece Whitewolf and Dr. Kaur at the Scientist-Survivor poster session at the American Association for Cancer Research

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Spirit of EAGLES Update

ESL And CCC

By Paulette Baukol



Paulette Baukol

Is English the second language (ESL) when discussing comprehensive cancer care (CCC)? It would appear so. Time after time as I attend workshops or conferences a discussion will break out and everyone begins speaking in acronymese.

I have been sensitive about this issue for quite some time now. In fact, I once gave an hour-long presentation about the role of Spirit of EAGLES (SOE) and CCC. An hour later, I asked the audience to pull out a sheet of paper, as I summarized my presentation in five minutes using commonly used acronyms and abbreviations. I then asked them to recall and write out the full name or concept of each acronym or abbreviation.

I originally thought this would be a good exercise to better prepare the group to keep up with the current CCC lingo, however, it was interesting to see that few audience members were able to accurately recall most of the acronyms on the list. (Take the SoE acronym challenge and see for yourself).

It should be no surprise when one combines new information and cryptic messaging that something will be lost in translation. A lot of our work in CCC hinges on our ability to communicate effectively and provide accurate and current information in order to address disease. So I am calling on my colleagues to accept a non-contractual, yet mindful, agreement to use the full name the next time they present to any group regardless of whether they are seasoned warriors or newcomers.

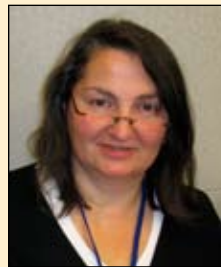
I want to share a quick story, in case you think you are infallible and know all there is to know regarding acronyms in CCC. It wasn't long ago that I was giving a presentation about a novel community

project funded by SoE during one of our "network" meetings in Rockville, Md. Quite a few of you were at the meeting. The network is the equivalent of American Indian / Alaska Native super hero's in CCC for our community and I was highlighting one of our creatively funded community projects that included a group of AI/AN film students from San Diego who performed a couple of public service announcements (PSAs) for cancer screening. A few of you were concerned that the students might be performing PSAs (prostate specific-antigen) for prostate cancer. This story makes me LOL, as in laugh out loud (not loads of love). Seriously, few of us are working hard to keep this issue at the forefront even though we understand the need to be succinct so our community advocates and members have a simple take home message., It is our responsibility to identify the issue and make ourselves available to clarify any potential confusion when it comes to communication about CCC for our AI/AN constituency.

P.A.B (TMC)

O.D.

SOE



We welcome Dr. Liz Perruccio as the new Program Director for the CNP's!

Here is her contact information.

Liz Perruccio, Ph.D.

Program Director

Disparities Research Branch

Center to Reduce Cancer Health Disparities

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Outreach Core Update

Southeast Alliance (SEA) of the Spirit of EAGLES

By Dana Kontras

Since 2003, the Spirit of EAGLES has sponsored, planned and lead an annual event called the Southeast Alliance of the Spirit of EAGLES also known as the 'SEA'. The name is fitting as it is hosted at Mayo Clinic Jacksonville which is located about a mile from the Atlantic Ocean.

There have been seven annual SEA conferences with the first one starting at Mayo Clinic Jacksonville in 2004. Over the years, SEA conferences have also been held in Wilmington, N.C., Charleston, S.C. and Savannah, Ga. before our final conference in 2010.

The conference objectives are to provide those working with American Indian people in the southeast a local vision and an opportunity to create a community-based cancer initiative by partnering with the most important cancer initiatives in the history of the United States.

Paulette Baukol, Program Director for The Spirit of the EAGLES has been a leader in developing the SEA program by providing funding, support, guidance and the resolve to implement a truly community-based cancer initiative.

The Spirit of EAGLES SEA program has also charted new territory by going on the road and creating local partnerships within the communities at family gatherings, tribal meetings and Pow Wows. At these events, the SEA program has displays which provide reference and resource materials. This is an important way to connect people with cancer information, educational tools, grant writers and other resources

from the American Cancer Society, Native American Cancer Research, the National Cancer Institute's Cancer Information Service, universities, hospitals and the leadership of Native American cancer programs. Our displays at many of these events also included a 'mini theater' which provided rolling video of the many cancer projects maintained by Native CIRCLE, a national resource center. Attendees were able to watch the videos, participate in live education opportunities and get answers to their questions about cancer.

Through these efforts the SEA program has built trusting relationships that continue to strengthen its impact and highlight the work being done across the United States on cancer in Indian country.

The SEA program has also developed a network of partners across the south east that has helped to improve communication. For example the U.S. Navy, through Joel Garrido has asked the SEA program to participate in the annual diversity fair and the November Native American Heritage Month celebrations in Kings Bay Georgia.

In addition, the SEA program has developed a grant writer's resource guide, a directory of people in who attended SEA conferences and received program information.

The SEA program will continue to be a vehicle to develop educational opportunities and meaningful relationships that last a lifetime. As we look forward to a new granting year we again have the opportunity to create outstanding community-based cancer programs that help American Indian/Alaska Native people with or without cancer.

Outreach Core Update

Improving Men's Health: Take 2

By Rick Strickland

Many readers of the Spirit of EAGLES newsletter and colleagues of SOE across the country are familiar with tribes that have implemented special men's health days on their reservations. These events are typically designed as a one-stop, comprehensive screening and education days for men, complete with food and participation incentives.

Barriers to men accessing routine preventative care and health education are numerous, especially in low income communities with few medical resources. But many still ask, "how do you get men to come?" and "will it be worth the investment of scarce resources?"

Take 1. The Standing Rock Nation, Fort Yates, N.D., has been a leader in conducting men's health days. Back in 2003, when Standing Rock first organized a men's health day, the PSA screening rate at Indian Health Services was less than 3 percent of eligible men in 2001 and 2002 combined. Since then, Standing Rock's men's health days have screened more than 325 men, provided almost 800 screenings, and detected eight prostate cancers and five colorectal cancers. In addition, these same events have included numerous screenings for diabetes and heart disease as well as multiple health education stations and workshops.

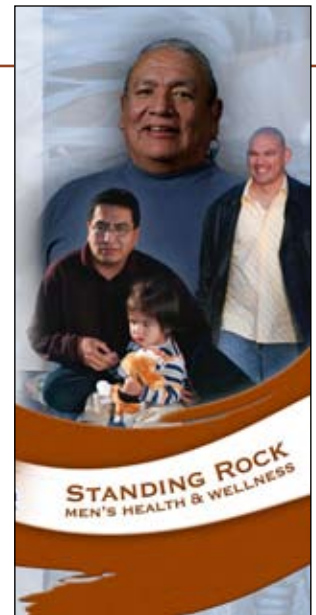


Darrel and Vince discuss prostate cancer at a recent Standing Rock Men's Health Day.

The success of Standing Rock's screening days can be attributed to leadership from the Tribal Health Community Health Representative Program in close partnership with Indian Health Services and Custer Health, a five-county N.D. public health unit. Spirit of EAGLES provided technical assistance and funding support through community grants. The development of the men's health days benefited from Standing Rock's experience conducting women's health screening days. These events began in 1998 in partnership with North Dakota's CDC Breast and Cervical Cancer Program and the other partners.

Take 2. Standing Rock's men's health days' success has become well known. In fact, Elaine Keeps Eagle, a community health program representative with Standing Rock and Jodie Fetsch, a Custer Health representative, have responded to many inquires about how to conduct a similar program. Elaine and Jodie have also prepared posters and made presentations at state, regional and national conferences, including conferences sponsored by Spirit of EAGLES. Still, Elaine, Jodie, together and Spirit of EAGLES staff recently asked the question: "how could we promote men's health days to a wider audience?"

The answer: develop a men's health day tool kit based on the Standing Rock experience. The toolkit would include all the information, guidelines and resources an organization would need to construct a successful men's health day. The toolkit will discuss the reasons to conduct a men's health day program, tell the Standing Rock story and include adaptable resources and tools, including how to form partnerships, obtain endorsements and funding, getting started, designing the day, promoting the event and evaluating the event. The toolkit is currently being developed and plans call for it to be available on the Internet. Watch for more information of the toolkit's debut!



Research Core Updates

By Leah Arndt

The Menominee Indian Tribe of Wisconsin has diligently been working to increase its smoking cessation rates among adults. In 2008, the Menominee Tribal Clinic partnered with a group including, Steven Smith, Ph.D., University of Wisconsin center for tobacco research and intervention, Leah Rouse Arndt, Ph.D., University of Wisconsin-Milwaukee department of educational psychology and Rick Strickland, Spirit of EAGLES and the University of Wisconsin Carbone comprehensive cancer center to launch the 'stop tobacco abuse, renew tradition' (START) project. START is a three-year, \$500,000 effort funded through the Wisconsin partnership program of the University of Wisconsin School of Medicine and Public Health. The clinical trial randomizes up to 150 American Indian (AI) smokers to two treatment conditions: (1) a standard treatment condition that provides four evidence-based cessation counseling sessions and a FDA-approved cessation medication (varenicline) for 12 weeks; and (2) a culturally-tailored treatment condition consisting of the standard treatment plus culturally-appropriate treatment elements. The project is lead at the Menominee Tribal Clinic, by Jerry Waukau (enrolled Menominee), Mark Caskey, clinic director project and wellness director and Jodi Fossum (enrolled Menominee), project coordinator.

In 2010, the team received funding for expanded analyses of the qualitative data gathered through START, via a pilot grant under Mayo Clinic's \$6 million award to extend cancer prevention and outreach to American Indian and Alaska Native patients. Dr. Arndt also received one of four Hampton Faculty Fellowships through the Mayo Clinic award, which aims to mentor the next generation of American Indian cancer control researchers. The pilot funding also allowed for the addition of Natasha Schmitt a doctoral candidate in counseling psychology, from the University of Wisconsin-Milwaukee, as a funded program assistant to

the project, and Amileah Davis, a doctoral candidate in counseling psychology from New Mexico State University, as a research assistant working under the NIH minority biomedical research support, initiative for scientific enrichment. To date, the project team has had the opportunity to explore Menominee-centric aspects of smoking cessation and has begun to conceptualize culturally-tailored treatment elements which may be generalized to other tribal nations. Preliminary results have been presented at the Society for Research on Nicotine and Tobacco conference in Toronto and at the Winter Roundtable on Cultural Psychology and Education: 'Privileging Indigenous Voices: Hearing the Wisdom of Generations' both in February 2011. The team looks forward to working with the project's community advisory board to interpret forthcoming results and apply adaptations to smoking cessation treatment at the Menominee Tribal Clinic.



Menominee START project team (left to right): Leah Rouse Arndt, Sylvia Dodge, Natasha Schmitt, Dick Dodge, Karen Washinawatook, Jerry Waukau, David Turney, Stevens Smith, Rick Strickland, Mark Caskey, Jodi Fossum (not pictured: Community Advisory Board members Jean Cox, and Brian Gauthier, and doctoral research assistant, Amileah Davis).

Training Core Update

Paulette A. Baukol

Contributors:

Karen Weavers and Lori Bratvold (Mayo Clinic CTSA) and Dr. Rodney Haring, PhD (Hampton Faculty fellow)

“The Hampton Faculty Fellows Program will train qualified health disparities researchers (new and early stage investigators) experienced in community-based participatory research (CBPR) in cancer prevention and control and promote their career development as competitive health disparities researchers.”

The training core is off to a great start and the following milestones have been met to date:

- Cohort one of Hampton Fellows was identified, comprised of four Jr. researchers varying in geographic location and cancer control research interests for the American Indian population
- We organized and completed the first phase of trainee activities with Mayo Clinic’s Center for Translational Science Activities (CTSA)
- We adopted Trainee Core Evaluation and included it as a guideline for Hampton accomplishments.
- We created a timeline for each trainee tailored to their individual projects which also aligned with the trainee core program;
- Evaluation. We developed curriculum/modules specifically for American Indian CBPR projects with Mayo Clinic’s CTSA. Four of the modules are what we refer to as “Epi 101” with the University of New Mexico Tumor Registry Director, Dr. Chuck Wiggins. We created two other modules, one highlighting American Indian health policy and another specifically addressing tribal cancer health policy, by Don Warne, MD (Lakota) of Sanford Health Systems.

A key component for the training core is to establish collaborations and to partner with comprehensive cancer centers and academic partners that house



Our future providers and scientists at play.

clinical and translational science award’s (CTSA). We developed a strong partnership with Mayo Clinic CTSA. This partnership between the SoE and Mayo is a wonderful example of how to best utilize and capitalize on resources and expertise that will benefit the program staff and participants providing greater access to diverse trainees and training courses. This collaboration allows each group to extend its reach and impact, benefiting multiple programs, such as meetings with clinicians, researchers and advisors for their research projects.

In our six-month report to the National Cancer Institute, Mayo Clinic CTSA colleagues, Lori Bratvold and Karen Weavers explained that CTSA’s partnership with organizations such as SoE is a win-win: “In 2006, Mayo Clinic became one of the first twelve institutions in the nation to receive a Clinical and Translational Science Award from the National Institutes of Health. Awardees are charged with developing the next generation of multi-disciplinary researchers both within the home institution and inter-institutionally. Thus, acting as a catalyst, the Mayo Clinic Center for Translational Science Activities (CTSA) is an infrastructure resource for investigators and research

Training Core Update Continued

teams to leverage. Following that charge, the Mayo Clinic CTSA is collaborating with the Spirit of EAGLES to contribute education and training to their training core as well as support to fund visits to Mayo Clinic for the Hampton Fellows. The CTSA grant provides the resources that support the education and training and the ARRA Supplement funds the travel. Without the collaboration with the Spirit of EAGLES, the CTSA would not have the opportunity to train American Indian researchers impacting the health of our Native American communities.”

Specifically, this collaboration included the following tasks: We assisted each trainee with identifying mentors that are “experts in the field” at Mayo Clinic. Experts included: physicians and researchers, Native American clinicians, leaders in cancer control, community advisors, academic partners, GmAP (Geographical Management of Cancer Health Disparities Program) sites and comprehensive cancer programs and/or NON’s (National Outreach Network). We will continue this momentum by partnering with CTSA’s at The University of Wisconsin, and Oregon Health and Science University.

Finally, the success thus far of the trainee core experience is best summarized by one of the Hampton Fellows. Dr. Rodney Haring had this to say about his experience:

“My first visit to Mayo Clinic as a Hampton Fellow was full of learning, training, and career path development. The training was very beneficial as it helped me better grasp the core concepts for writing successful publications and improving my knowledge of statistics and their applications. Other meetings included networking with new colleagues in the field of meta-analysis. This too was extremely helpful in the development of my current research grant. Finally, I was able to engage with numerous people in a variety of disciplines within Mayo. This included diabetes researchers who will potentially help guide my next steps in the grant-writing process in the field of health disparities in Native populations; including cancer and diabetes connections. Ultimately, I found my first experience at Mayo to be informative. I appreciated the comfortable atmosphere and I look forward to my continued training, networking, and learning.”

Acronyms Quiz: Do you know what each of these stands for? Give it a try and then check your answers on page 10.

AAIP _____	ACS _____
NRCCTP _____	LAF _____
AISES _____	SGK _____
SACNAS _____	CNP _____
NIHB _____	SOE _____
NRN _____	CDC _____
NIH _____	CIRCLE _____
NCI _____	EAGLES(s) _____
CCC _____	NACR _____

Community Research Advisory Board Update

Cherokee Nation Cancer Programs

By Kym Cravatt

There were a couple of “firsts” for the Cherokee Nation cancer programs in March 2005; the cancer programs hosted its first cancer summit which was attended by about 150 people who were also present for the debut of Cherokee Nation’s first comprehensive cancer control plan.

The cancer plan for 2005 – 2007 not only focused on cancers such as lung, breast and prostate but also dedicated chapters to physical activity and nutrition. To make the plan as comprehensive as possible, it also looked at the burden of cancer in the Cherokee Nation, clinical trials and survivorship.

“Putting together that first Comprehensive Cancer Control Plan was a lot of work because we had to start from scratch. However, our work was made easier because we worked with some really great partners throughout this process,” said program director Kym Cravatt.

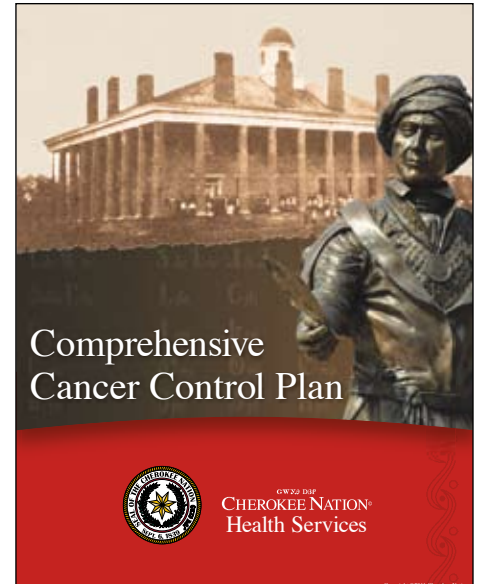
The plan was distributed at the first Cherokee Nation summit in March 2005 and was made available to its tribal citizens living within the 14 county tribal jurisdictional service area (TJSA).

In January 2009 the Cherokee Nation comprehensive cancer control (CCC) staff started looking at areas within the plan that could be improved and updated. The CCC coalition invited two members of the Arkansas comprehensive cancer coalition, Tina Gill and Sara Eichmann, to share their expertise in revising a comprehensive cancer plan.

Both Eichmann and Gill instructed coalition members on identifying important areas to be included in the plan as well as developing workgroups around the cancer issues within the Cherokee Nation. The workgroups included: prevention, screening and early detection, treatment and quality of life.

“We shifted our focus, outlining chapters according to areas on the cancer continuum, such as prevention, screening, early detection and quality of life because

we wanted to build on the previous plan,” said project coordinator Ruth Hummingbird. “We also included an evaluation chapter and a resource chapter. We bolstered our efforts after the realization that these areas needed to be addressed.”



The new plan also highlights the personal side of cancer and features five cancer survivor stories. The survivors offer their stories as a message of hope and to encourage the continued work of cancer control in the Cherokee Nation. The coalition also decided that the personal side of cancer should be reflected within the plan.

The completion of the second Cherokee Nation comprehensive cancer control plan was made possible with funding from the Centers for Disease Control and Prevention. Organizations represented with the coalition include: Oklahoma State department of health, Oklahoma area health education centers, Oklahoma State University center for rural health, University of Oklahoma-Tulsa school of community medicine, the Leukemia and Lymphoma Society, the American Cancer Society and various departments within the Cherokee Nation health services group.

Currently the plan is undergoing its final review and will be ready to print by early summer. If anyone is interested in receiving a final copy of the plan they can contact the Cherokee Nation Cancer Programs at 1-800-256-0671, Kym Cravatt at kym-cravatt@cherokee.org or Ruth Hummingbird at ruth-hummingbird@cherokee.org.

Network Update

American Indian Cancer Foundation Joins Tribal Nations to Conquer Cancer.

By Kris Rhodes

The American Indian Cancer Foundation (AICAF) is dedicated to health equity in prevention, early detection and access to quality care through evidence-based, community centered interventions and advocacy. The team Dr. David Perdue (Chickasaw), Anne Walaszek (White Earth Ojibwe), Joy Rivera (Seneca), and Kris Rhodes (Fond du Lac Ojibwe) brings extensive expertise in cancer control, community health education, and participatory research methods within American Indian communities.

Available data shows that in comparison to the general population, American Indian and Alaska Natives (AI/AN) face inequities in cancer incidence and mortality, with differences across the U.S. The highest cancer rates are among AI/AN in the Plains and Alaska.

Lung and colorectal cancer are the two most common types of cancer and the rates are alarmingly high among AI/AN in the northern Plains and in Alaska. Rates for stomach, gallbladder, kidney and liver cancer are also higher among AI/AN in the southwest and in the Plains regions. AI/AN have

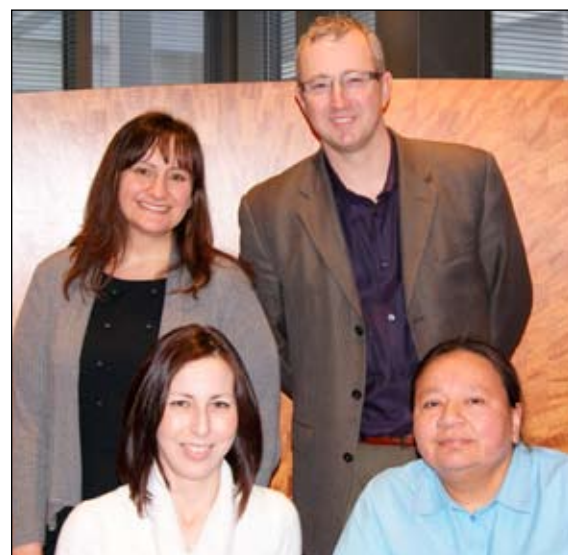


Photo: Courtesy of Ramla Bile

*American Indian Cancer Foundation employees
Standing: Kris Rhodes, Executive Director & David Perdue, Medical Director, Seated: Anne Walaszek, Research Associate & Joy Rivera, Cancer Navigator*

lower rates of cancer screening and are therefore more likely to be diagnosed with later-stage cancer, which results in higher death rates.

Although there is substantial cancer research and project funding available nationally, tribes are often not a part of this process and the result is little or no benefit to AI/AN communities. AICAF seeks to become a trusted partner with tribes, funding agencies and others interested in finding AI/AN cancer control solutions. To achieve equity in cancer prevention, screening and treatment, American Indians need to be involved in the development and delivery of culturally specific and community based education, programs, policies, research and support.

AICAF offers education programs, organizes community health events and works with health programs. Much of the focus is prevention and early detection. Joy Rivera is the colorectal cancer screening navigator, supported by funding from the American Cancer Society. She is raising awareness of the benefits of colorectal cancer screening and working to overcome any barriers that exist for AI/AN in the Twin Cities.

Currently AICAF is working with tribal, urban and Indian Health Service (IHS) health systems to assess and better understand the barriers to cancer screening and develop solutions. Improving northern Plains American Indian colorectal screening is a two-year IHS-funded project that includes 43 tribal nations and urban areas in the northern Plains (Mont., Wyo., N.D., S.D., Minn. and Wis.).

As part of the AICAF team, Rhodes readily shares her enthusiasm and ideas for working towards health equity for American Indians. Rhodes said, "going forward, we embrace the opportunities and the challenges ahead of us to guide us as we conquer cancer in Native communities." She said AICAF's 10-year plan includes partnering with American Indian communities to gather relevant information and deliver programs in areas such as tobacco cessation, mobile endoscopy, community wellness programs, and youth prevention.

For more information contact Kris 612-672-8668 or view: www.AmericanIndianCancer.org

Native CIRCLE Update

New Issue: Native People's Wellness-Colorectal Cancer Prevention, Detection and Care

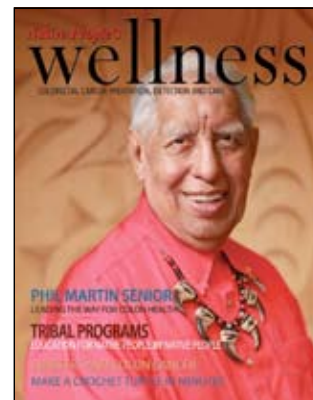
By Lisa Baethke

American Indians and Alaska Natives older than age 50 were less likely than non-Hispanic whites to have received a colon cancer screening test -- such as a fecal occult blood test, colonoscopy or sigmoidoscopy -- within the past two years, according to 2005 U.S. government data. Alaska Natives who live in rural areas have particularly high rates of colorectal cancer (CRC), typically because of lack of resources to perform routine tests that detect early warning signs of the disease, according to the Indian Health Service. Fortunately, colorectal cancer is highly treatable if caught early enough.

Native American Cancer Research Corporation (NACR) is proud to announce the release of the latest issue of Native People's Wellness: Colorectal Cancer Prevention, Detection and Care. The focus of this magazine is on colon cancer in Native people living in geographically diverse regions of the country. In this issue, two Native men share their personal

screening stories, Native women and men discuss making a difference in CRC screening in Alaska and Washington and reasons to get CRC screening, plus much more!

Native People's Wellness is a publication edited by Linda Burhanstipanov from NACR and is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC 1U57 DP001138).



Copies of this issue are available to download on NACR's website at www.natamcancer.org or hard copies are free from Native CIRCLE.

For more information, please contact Native American Cancer Research at 800-537-8295 or Native CIRCLE at 877-372-1617.

Answers to Acronyms Quiz

AAIP – Association of American Indian Physicians

NRCCTP - Native Researchers' Cancer Control Training Program

AISES - American Indian Science and Engineering Society

SACNAS - Scientists dedicated to Advancing Hispanics/Chicanos and Native Americans in Science

NIHB – National Indian Health Board

NRN – Native Research Network

NIH – National Institute of Health

NCI – National Cancer Institute

CCC - Comprehensive Cancer Care

ACS – American Cancer Society

LAF - Lance Armstrong Foundation

SGK - Susan G. Komen

CNP – Community Networks Program

SOE – Spirit of EAGLES

CDC – Centers for Disease Control & Prevention

CIRCLE – Cancer Information Resource Center and Learning Exchange

EAGLES(s) – Education, Advocacy, Grants, Leadership, Elders, Scholarships & Survivors

NACR – Native American Cancer Research

Community Updates

Changes in Perception of Cancer Issues Across the Alaska Native Tribal Health System

By Stacy Kelley

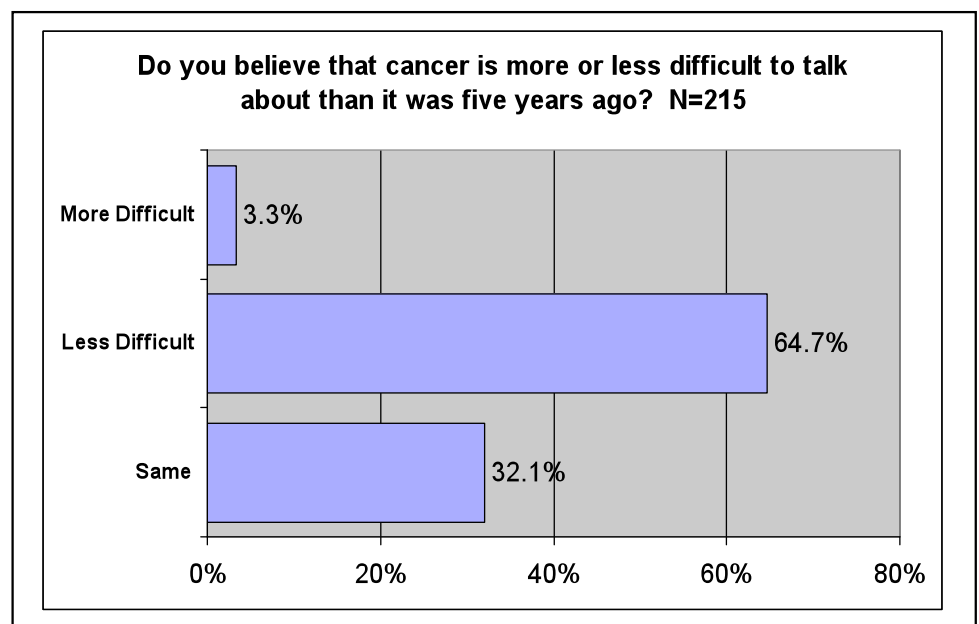
The Alaska Native Tribal Health Consortium (ATHS) cancer program conducted a statewide, electronic survey of healthcare providers of Alaska Natives in November, 2010. The purpose of the survey was to gather opinions on how well cancer planning efforts had been implemented over the preceding five years, and what the ATHS should focus on for the next five years. Survey results are being used to update the 2011-2015 comprehensive cancer plan.

The survey was distributed to tribal leaders, physicians, midlevel practitioners, nurses, community health aide/practitioners, health educators, administrators, social workers, patient navigators and other health professionals. A total of 227 people participated in the ten-question survey.

The survey included questions on each of the cancer program components and asked if there had been any improvement in services or programs during the past five years. Questions regarding prevention (specifically tobacco), early detection, diagnosis and treatment, survivorship and palliative care were asked.

Of the 227 respondents, sixty-two percent agreed that over the past five years the ATHS had done a better job at preventing tobacco use and helping people quit. Seventy-one percent of respondents agreed that there was an increase in cancer screening and early detection programs over the past five years

and fifty-five percent of respondents agreed that ATHS was doing a better job diagnosing and treating cancer. Only forty-five percent of respondents agreed that there had been an increase in survivorship programs (thirty-nine percent were neutral on this question). Forty-eight percent of respondents agreed that the ATHS had done a better job at helping cancer patients return to their communities through



palliative care as end of life nears, while thirty-six percent of respondents were neutral on this question.

Participants were also asked if they believed cancer was more or less difficult to talk about than it was five years ago. Of the 215 people who responded to this question, 64.7 percent stated that cancer was less difficult to talk about.

A complete report of the survey results has been included in the ATHS Cancer Progress Report. The Progress Report is available online at: <http://www.anthc.org/chs/crs/cancer/cancerprogrampublications.cfm>

For more information contact Stacy Kelley at sfkelley@anthc.org or (907) 729-2927.

Community Updates

Reading Theatre: Sharing Colon Health Information

By Harriet Gouley and Melany Cueva

The chairs were arranged in a large circle in the senior room at the Skokomish Tribal Center. Six characters (see picture) were joined in the circle by 25 community participants. The play begins with Isaac driving his daughter, Rita to nursing school...

RITA: Mom said you might forget.

ISAAC: What?

RITA: You were going to schedule a doctor's appointment.

ISAAC: Oh, that. Sure, I'll get around to it. But I have a lot to do and I'm only in town for a short time.

RITA: It's important Dad.

ISAAC: I know.

Narrator: They sit in awkward silence for a moment.

RITA: You know a colonoscopy helps to prevent colorectal cancer.

ISAAC: Rita!

RITA: Everyone over age 50 should have one.

ISAAC: I don't want to talk about this.

RITA: And Grandpa died of colon cancer so you really needed to begin colon screening at age 40... which means you already waited 10 years too long.

ISAAC: There are some things a father just doesn't talk about with his daughter.

RITA: Why not? I love you and your health is important to me. What happens to you matters to everyone in the family...

Skokomish community members, Denise; Jake, Jerry; Rob; Joan and Lila reading the part of characters In the Colon Health Play

March 4, 2011 marked the first ever presentation of the colon health program's reading theater. Some members of the audience held scripts and followed along as the readers presented the story about a fifty year old Native man and his family learning about the importance of colorectal cancer screening. The man resisted but finally realized that colorectal screening can find early cancer cells that can be treated to cure early cancer or cancer can be prevented by finding and removing polyps found during a colonoscopy. Beverly, Rita's mom realized that women have colons too and decided to take care of her health and have a colorectal screening exam. In a surprise ending Isaac had no polyps and Beverly had two small polyps removed that over time may have turned into cancer.

After the readers' theatre, talented cooks served a gourmet salmon dinner. Most people agreed that the play was a good experience for teaching and learning about health issues. In the words of readers' theatre participants, "it's a fun way to learn"; "makes it more interesting to listen to the message." "Community member participation made it more personal"; "the stories help people to understand better." "I really liked the fellowship, it brought people together." "It was just fun, while being informative."

'What's the Big Deal?' a 25 minute readers' theatre script was developed with and for Alaska Native and American Indian community health workers and the people in their communities to provide colorectal cancer screening information, increase comfort with talking about colorectal cancer, and to encourage wellness as ways to help prevent colorectal cancer. Stories from colorectal cancer

survivors, their families and care givers, medical providers, and community health workers were woven into the lives of six characters with the help of Shane Mitchell, a professional playwright.

Two versions of the script are available; one script takes place in Alaska. Script development was funded by the Center for Disease Control, Division of Cancer Prevention and Control to Alaska Native Tribal Health Consortium Colorectal Cancer Screening Health Communication Project. Script copies are available through Native CIRCLE.

To learn more or to share this theatre script with people in your community, please contact Melany Cueva mcueva@anthc.org. Colorectal cancer is the second leading cause of cancer death among American Indian and Alaska Native people, yet it can be almost totally prevented. I hope that by sharing this script and working together we will be able to find and treat colorectal cancer early and or prevent colorectal cancer from starting. I look forward to working with you to share this script with the people in your community.



Spirit of EAGLES Painting Update



The 'Spirit of Eagles' painting above was created by **Chholing Taha** as the logo for the *Changing Patterns of Cancer in Native Communities: "Strength Through Tradition and Science"* conference. The conference was held in Seattle, WA, September 11-14, 2010. **The original painting has been purchased by NIH/NLM in Bethesda, MD.** It is nice to know that the work that is done today lives on and into the future.

Events

June 27-30, 2011

23rd Annual Native Health Research Conference will be held in Niagara Falls, NY. For further information please refer to the website at <http://www.nativeresearchnetwork.org/NationalConference.htm>.

August 8-15, 2011

Association of American Indian Physicians (AAIP) 40th Annual Meeting and National Health conference will be held in Portland, OR at the Red Lion Hotel. For further information please refer to the website @ <http://www.aaip.org/>.

October 27-30, 2011

Society of Scientists dedicated to Advancing Hispanics/Chicanos & Native Americans in Science will be held in San Jose, CA. For further information please refer to the website at <http://sacnas.org/events/national-conf>.

November 10-12, 2011

AISES - American Indian Science and Engineering Society will be held in Minneapolis, MN. For further information please refer to the website at <http://www.aises.org/AboutUs>

Spirit of EAGLES Community Grant Request for Proposals

\$10,000 Community Based
Participatory Research projects that
address cancer.

Applications due August 31, 2011

For further information
please check our website at:
<http://www.nativeamericanprograms.org/>



Spirit of EAGLES

Mayo Clinic

Rochester, Minn.

<http://www.nativeamericanprograms.org/>

Subcontractor - Seattle

Fred Hutchinson Cancer Research Center

Subcontractor - Portland

Oregon Health and Science University

Subcontractor - Denver

Native American Cancer Research

Subcontractor - Madison

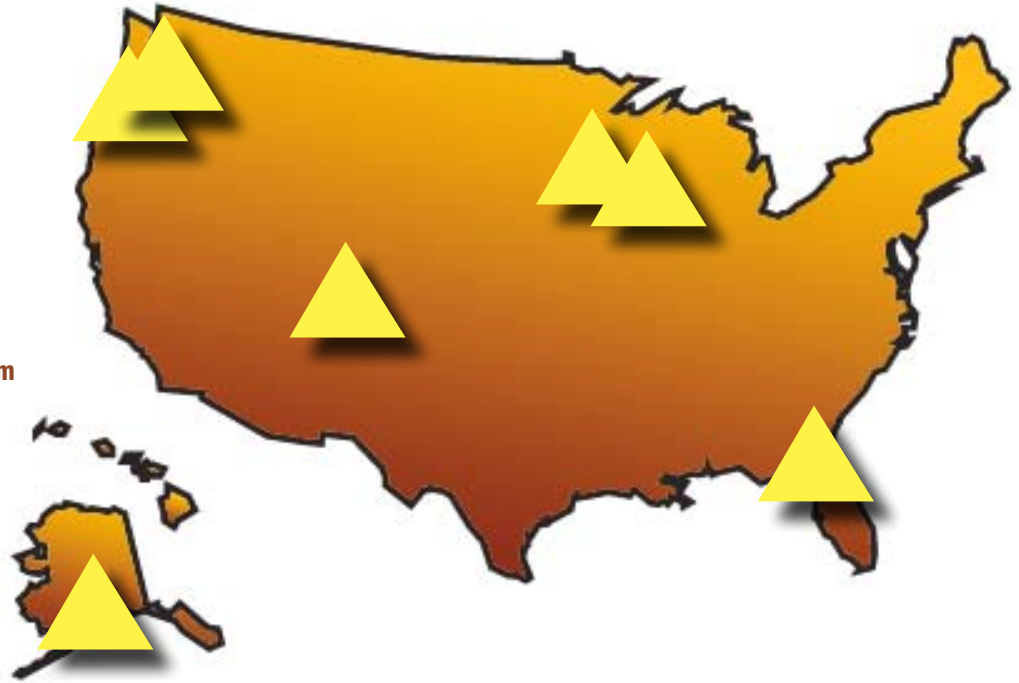
**University of Wisconsin
Comprehensive Cancer Center**

Subcontractor - Anchorage

Alaska Native Tribal Health Consortium

Subcontractor - Jacksonville

Mayo Clinic in Jacksonville



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