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 (NPAIH B) 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.

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 NPAIH B’s NTCCP partnered together in the conception, design, funding application, and implementation of this proposal.

Approach

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

<table>
<thead>
<tr>
<th>American Indian/Alaska Native</th>
<th>Non-Hispanic White</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td><strong>Prostate</strong></td>
</tr>
<tr>
<td>22.3 per 100,000</td>
<td>77.2 per 100,000</td>
</tr>
<tr>
<td>22.3 per 100,000</td>
<td>77.2 per 100,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>American Indian/Alaska Native</th>
<th>Non-Hispanic White</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lung</strong></td>
<td><strong>Breast</strong></td>
</tr>
<tr>
<td>25.8 per 100,000</td>
<td>15.7 per 100,000</td>
</tr>
<tr>
<td>25.8 per 100,000</td>
<td>15.7 per 100,000</td>
</tr>
</tbody>
</table>

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

Conclusion/Implications

- Few evidence-based interventions exist that have specifically been evaluated and tested by and within American Indian populations. Those that exist are not always readily available.
- 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

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:
  - Focuses on community strengths (instead of community weaknesses and barriers)
  - Examines positionality as the Cancer Consortium
  - Leverages resources between Tribes, the Consortium, and NPAIH B
  - Online engagement reduces burden for tribal partners due to distance and rurality

Acknowledgements

- A special thank you to the NTCCP of the NPAIH B for their ongoing support and partnership in addressing cancer among AI/AN populations.
- 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.