

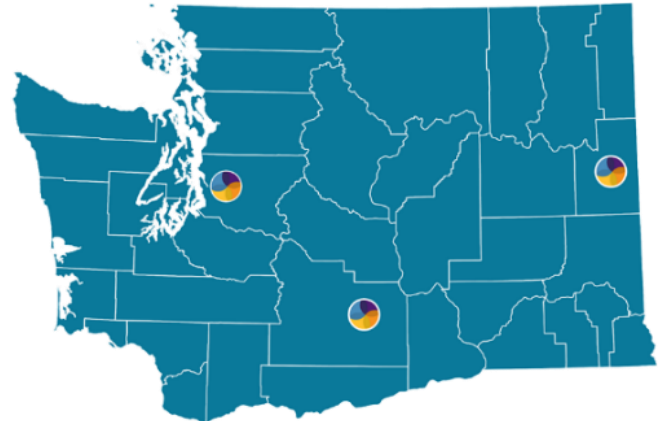
**Cancer Center Supplement to Partner with Comprehensive Cancer Control Coalitions to Study Implementation of Evidence-based Interventions**

**Fred Hutch/University of Washington/Seattle Children’s Cancer Consortium**

**Catchment Area**

The Fred Hutch/University of Washington (UW)/Seattle Children’s Cancer Consortium (the Consortium), a collaboration of the Fred Hutchinson Cancer Center, UW, and Seattle Children’s, encompasses the full spectrum of cancer research in the Consortium’s catchment area to reduce the burden of cancer among the populations we serve.

The Consortium’s catchment area includes all 39 counties in Washington state. This geographic area comprises almost 7.8 million individuals of whom 34% are racial/ethnic minorities. Underrepresented groups include Asian (10.0%), Hispanic/Latino/a/x (13.7%), Black (4.5%), American Indian/Alaska Native (Indigenous) (2.0%), Native Hawaiian and Pacific Islander (0.8%), and Other or multiple races (5.2%). In the 2017–2018 baseline needs assessment, the Consortium identified Indigenous populations as a high-priority population due to the highest mortality rates for several major cancer sites, some of which exceeded rates for Indigenous populations nationally. In our catchment area, Indigenous populations have greatly elevated incidence and mortality rates for breast cancer (BC) and colorectal cancer (CRC). In 2018, human papillomavirus (HPV) immunization rates for the 3-dose series were 54% for Indigenous girls and 46.4% for Indigenous boys ages 13–17 in the Portland Area (Oregon, Washington, and Idaho) Indian Health Service.



**Public Health Focus**

Utilizing an approach grounded in Indigenous worldviews, with a focus on relational epistemologies and relying on culturally grounded mental health approaches, this project incorporated three key elements: (1) a focus on collective social orientation that integrates relational accountability, reflects a shared history and identity, and includes shared social predicaments; (2) recognition that knowledge is shared across generations; and (3) Indigenous teaching practices that make use of stories and metaphor to support and guide screening and vaccination behaviors.

## At a Glance

The Consortium's Office of Community Outreach and Engagement (OCOE) collaborated with the Northwest Portland Area Indian Health Board's (NPAIHB) Northwest Tribal Comprehensive Control Program (NTCCP) to promote evidence-based interventions (EBIs) to increase access to cancer screening services, reduce barriers to cancer screenings, promote community cancer education, and connect with their Tribal coalition.

## Collaborators

The OCOE partnered and collaborated with NPAIHB's NTCCP on this work to co-create projects that advance identified priorities for cancer control among Tribes. The NTCCP maintains and updates the Northwest Tribal Cancer Control Plan, with guidance from its Tribal Cancer Coalition (TCC). The TCC includes representatives from all 43 Tribes across Idaho, Oregon, and Washington, and partner organizations such as state, academic, nonprofit, and individual partners. The NTCCP coordinates local cancer action plan implementation funding to support Northwest Tribal cancer control activities, including HPV vaccination and BC screening, and technical assistance to Tribes, including cancer data maintenance.

**We're grateful for NPAIHB's ongoing partnership and connection to tribes for this work. We continue to learn how to best partner with tribal communities to reduce the burden of cancer and are steadfast in our commitment.**

—Jason A. Mendoza, MD, MPH

## The Approach

The COVID-19 pandemic's disproportionate harm to Indigenous communities resulted in deferred cancer screenings, diagnosis, and stage progression. Major cancer inequities continue to pose critical public health problems for Indigenous populations as observed by the disparities in BC and CRC burden and lower HPV vaccination rates among Indigenous people in our catchment area. This funding from NCI presented an important new opportunity for the Consortium's OCOE and the NPAIHB's NTCCP to partner and strategically leverage resources to support work that addresses these disparities. Through an Indigenous intergenerational approach and relational accountability, the NTCCP and OCOE partnership continues its collaboration through the following specific aims:

1. Empower communities to increase BC and CRC screening and HPV vaccination among Indigenous populations in Washington state through implementation of Indigenous-designed and Indigenous-led media campaigns.

In partnership with Cayuse Native Solutions, a Tribally owned media company, the American Indian Cancer Foundation, NTCCP, and OCOE co-developed educational materials that are culturally relevant to Pacific Northwest Tribes with updated data to reflect incidence and mortality rates of BC and CRC cancers among Indigenous populations within the Pacific Northwest. The TCC informed the development of culturally appropriate messages and reviewed materials before dissemination.

In addition, NTCCP and OCOE engaged with community health and wellness programs of Tribes and Tribal Nations, and learned of one specific program's limited capacity and resources for active participation in EBI activities. To alleviate these deficiencies, NTCCP, OCOE, and the community

health and wellness programs harmonized strengths to reintegrate fecal immunochemical test (FIT) Kit mailing initiatives aimed to improve community awareness of CRC and increase CRC screening rates among the Tribal community.

2. Implement an intergenerational cancer control EBI to increase community access to BC screening for Indigenous women and HPV vaccination for Indigenous youth by reducing structural barriers.

NTCCP and OCOE collaborated with a multi-Tribal comprehensive cancer control program in Washington state to co-create cancer survivorship media campaigns that encouraged BC and CRC screening among community members.

3. Evaluate the impact of this intergenerational cancer control intervention by examining (1) the reach of the media campaign for BC and CRC screenings and (2) the numbers of resources and people who received educational outreach and BC screenings or HPV vaccinations at the Indigenous intergenerational EBI events.

## Implementation Guidance

### Implementation Tip #1

Promote Tribal community strengths by (1) acknowledging and understanding capacities and resources of partnering with Tribal community health programs and (2) determining community strengths (as opposed to weaknesses) to strategize effective implementation of cancer prevention activities.

### Implementation Tip #2

Co-design public health interventions that encourage and implement sustainable cancer prevention activities and programming with and for Tribal community health programs

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**Tribal nations know what works in their communities, and we have to take their lead to improve cancer outcomes.**

—Myra Parker, JD, MPH, PhD

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*Few evidence-based interventions exist that have specifically been developed and tested by and within American Indian, or Indigenous, populations. Those that exist are not always readily accessible. By drawing cancer prevention and control activities from multiple EBIs, NTCCP and OCOE partnered with Tribal community health programs to develop and implement intergenerational interventions that harmonized Tribal community strengths.*

## Find Out More

Research reported in this publication was 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.

The Fred Hutch's Office of Community Outreach and Engagement's (OCO) vision is to promote health equity by facilitating research that addresses and reduces cancer health disparities in the catchment area through authentic engagement, a community-engaged/community-based participatory research approach, and education driven by community need:

<https://www.fredhutch.org/healthdisparities>.

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## Cancer Center Supplement to Partner with Comprehensive Cancer Control Coalitions to Study Implementation of Evidence-based Interventions

National Cancer Institute (NCI)-Designated Cancer Centers' community outreach and engagement (COE) efforts should span all cancer center programs, including basic, clinical, translational, and population research. The FY21 COE supplement is designed to increase COE activities and partnerships among center staff and comprehensive cancer control coalitions. The long-term goal is to build greater connections between cancer centers and state, Tribe, territory, and Pacific Island Jurisdiction-level coalitions that will lead to smoother translation of center research findings and products into use in clinical and community settings.

To learn more, visit us at: <https://cancercontrol.cancer.gov/research-emphasis/supplement/coe>