American Indian Cancer Burden

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Bad River Band of Lake Superior Chippewa
Fond du Lac Band of Lake Superior Chippewa
2000 — 2014
CANCER DEATH RATES DECLINED FOR MEN, WOMEN, & CHILDREN
seer.cancer.gov
Cancer death rates for AI/AN increased over a 20 year period, while decreasing for Whites over the same time frame.
American Indian Cancer Foundation (AICAF) is a national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.

Mission:
To eliminate cancer burdens on American Indian families through education and improved access to prevention, early detection, treatment and survivor support.
Cancer is the...

#1 Cause of Death for Women

#2 Heart Disease

#3 Unintentional Injury

#2 Cause of Death for Men

#1 Heart Disease

#3 Unintentional Injury

The most commonly diagnosed cancers are...

#1 Breast

#2 Lung

#3 Colorectal

Lung cancer is the leading cause of cancer death for men and women.

Other leading causes of cancer death are...

Prostate

Colorectal

Breast
Distinct patterns in AI/AN cancer rates are observed across six geographic regions defined by the Indian Health Service.

AI/AN in the Northern Plains experience some of the highest cancer diagnoses and death rates in the United States.

### Most Common Cancers: Northern Plains

<table>
<thead>
<tr>
<th>Cancer Diagnosis</th>
<th>Women</th>
<th>Cancer Deaths</th>
<th>Men</th>
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</tr>
</thead>
<tbody>
<tr>
<td>#1 Breast</td>
<td>![Icon]</td>
<td>#1 Lung</td>
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<tr>
<td>#2 Lung</td>
<td>![Icon]</td>
<td>#2 Breast</td>
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<td>#3 Colorectal</td>
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<td>#3 Prostate</td>
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</tr>
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* Indicates higher rates for AI/AN than Whites
AI/AN in the East have **lower cancer diagnosis rates** for the top three cancers compared to both Whites and other regions.

**Most Common Cancers: East**

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<tr>
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<tbody>
<tr>
<td>#1 Breast</td>
<td>![Women Breast Icon]</td>
<td>![Lung Icon]</td>
</tr>
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</tr>
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<td>![Men Lung Icon]</td>
<td>![Colorectal Icon]</td>
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<td>#3 Colorectal</td>
<td>![Men Colorectal Icon]</td>
<td>![Prostate Icon]</td>
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★ Indicates higher rates for AI/AN than Whites

**Cancer Disparities for AI/AN vs. Whites: East**

- **Women**
  - Colorectal Cancer Death: 1.3X
  - Kidney Cancer Diagnosis: 1.5X
  - Liver Cancer Diagnosis: 2.3X

American Indian Cancer Foundation.
AI/AN in the Southern Plains have higher cancer diagnoses and death rates for the top three cancers compared to Whites.

### Most Common Cancers: Southern Plains

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<thead>
<tr>
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<td>![Woman]</td>
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* Indicates higher rates for AI/AN than Whites
Southwest

Most Common Cancers: Southwest

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<td>#2 Lung</td>
<td>#2 Colorectal</td>
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<tr>
<td>#3 Uterus</td>
<td></td>
<td>#3 Colorectal</td>
<td>#3 Kidney</td>
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AI/AN in the Southwest have lower cancer diagnoses and death rates for many of the most common cancers compared to Whites.

Cancer Disparities for AI/AN vs. Whites: Southwest

Men & Women

- Stomach Cancer Diagnosis: Men 2.8X, Women 2.8X
- Stomach Cancer Death: Men 4.3X, Women 3.6X
- Liver Cancer Diagnosis: Men 2.2X, Women 3.3X

* Indicates higher rates for AI/AN than Whites
AI/AN in the Pacific Coast have fewer cancer disparities than in other regions, but show similar or worse rates for some of the top cancers when compared to Whites.

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<td>![lung]</td>
<td>#2 Colorectal</td>
</tr>
<tr>
<td>#3 Colorectal</td>
<td>![colon]</td>
<td>#3 Prostate</td>
</tr>
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* Indicates higher rates for AI/AN than Whites

Cancer Disparities for AI/AN vs. Whites: Pacific Coast

- Liver Cancer Diagnosis: Men 2.6X, Women 2.8X
- Liver Cancer Death: Men 2.1X, Women 2.8X
- Stomach Cancer Diagnosis: Men 1.7X, Women 1.9X
AI/AN in Alaska have higher cancer diagnoses and death rates for many cancers compared to Whites.

**Most Common Cancers: Alaska**

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<td>✿</td>
<td>#2 Breast</td>
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</tr>
<tr>
<td>#3 Prostate</td>
<td>🍗</td>
<td>#3 Stomach</td>
</tr>
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* Indicates higher rates for AI/AN than Whites
Cancer prevention interventions available today include:

- 7 drugs and 3 vaccines proven to reduce risk for cancer
- Treatments for 5 infections that are known to increase cancer risk
- Proven cancer screening tests for breast, cervical, colorectal, and lung cancer
- Behavioral choices: no tobacco, limit alcohol, more activity, avoid obesity

Transforming cancer prevention research

Source: National Cancer Institute

http://www.cancer.gov
A Shot Can Prevent Cancer?

HPV Vaccine is most effective with preteen boys and girls.

This vaccine protects from HPV cancers later in life:
- Cervical
- Oral
- Penile
- Vaginal
- Vulvar
- Throat

You can’t protect them from everything, but you can protect them from HPV cancers.

Talk to your doctor today about protecting your American Indian preteen sons and daughters from cancer later in life with the HPV Vaccine.
What Are The Leading Causes?

Health Behaviors

• Cigarette smoking and chewing tobacco
• Cigarette smoke exposure
• Alcohol abuse
• Lack of regular physical activity
• Diets high in animal fats, low in fiber with not enough fresh fruit and vegetables
• Low screening rates
Harmful Tobacco

Causes cancer of the lung AND
• larynx (voice box),
• esophagus,
• throat,
• bladder,
• kidney,
• liver,
• stomach,
• pancreas,
• colon and rectum,
• cervix, and
• acute myeloid leukemia
“When it is used correctly, it has the power to bring good things and, like other medicines, if it is not used correctly, it has the power to bring harm.” Anishinaabe Elder
Alcohol

Increases your risk of cancer of the mouth, throat, esophagus, larynx (voice box), liver, and breast

• FDA Guidelines:
  – 1 drink/day for women
  – 2 drinks/day for men

• Risks increase with
  – Amount of alcohol
  – Drinking + smoking

• Red wine does not reduce risk of cancer
Obesity

Increased risk of cancer of the breast (postmenopausal), colon, rectum, endometrium, esophagus, kidney, pancreas, and gallbladder

- Eating a healthy diet with fresh, local foods, being physically active, and keeping a healthy weight may help reduce risk of some cancers
Exposure to ultraviolet (UV) radiation causes skin damage that may lead to skin cancer

- Avoid sun, sunlamps, and tanning booths.
- Limit mid-day exposure to sun
- Wear a hat, long sleeves, sunglasses and 15+ SPF sunscreen
Cancer Screening

- Colorectal
- Lung
- Breast
- Cervical
Who should be screened?
Anyone who can say “yes” to all three of these questions

1. Are you 55-80 years old?
   - NO
   - YES

2. Have you smoked 30 pack years?
   (a pack a day for 30 years or two packs a day for 15 years)
   - NO
   - YES

3. Do you still smoke or have quit within the last 15 years?
   - NO
   - YES

Talk with your doctor about whether screening is right for you. Your conversation should start with: How do I stop smoking?
Colon Cancer

What is Colon Cancer?

Cancer is a disease in which cells in the body grow out of control.

Colon cancer can happen in the lower part of your digestive system: large intestine (colon) and rectum.

How Does Colon Cancer Start?

Most colon cancer starts as small, noncancerous (benign) clumps of cells called polyps.

Over time some of these polyps may become colon cancer.

Health care providers suggest regular screenings to find polyps or to find cancers early.

Screening Saves Lives

If found early, 9 out of 10 survive.

If found late, 1 out of 10 survive.

Who is at Risk for Colon Cancer?

Everyone ages 50-75, especially American Indians.

People who:
- Have a family history of colon cancer
- Smoke cigarettes
- Are not physically active
- Eat fatty foods
- Are very overweight or obese

Colon Cancer is 53% higher in Northern Plains American Indians.
End Cervical Cancer in Indian Country

What is cervical cancer?
Cervical cancer is a disease where abnormal cells grow on the cervix.

What can I do?

GET VACCINATED
The human papillomavirus (HPV) vaccine is recommended for everyone ages 9-26 to protect against HPV cases that lead to 9 out of 10 cervical cancers. Learn more at: AICAF.org/hpv

PRACTICE SMART SEX
Use protection and talk with your sexual partners: anyone who has ever had anal, vaginal or oral sex can get HPV.

QUIT SMOKING
Smoking weakens the immune system, making it harder for the body to fight HPV infection. Learn more at: AICAF.org/quit

GET SCREENED
Cervical cancer is highly curable when detected and treated early.

Screening Tests

- PAP TESTS look for cell changes on the cervix during a pelvic exam. Regular Pap tests are the ONLY effective way to find cancer early.
- HPV TESTS look for HPV that can cause cell changes that may lead to cervical cancer

When should I get screened?

- 21-29: Pap test every 3 years
- 30-65: Two options: 1) Continue Pap test every 3 years OR 2) Pap test AND HPV test every 5 years
- 65+: Talk to your health care provider

American Indian women are nearly 2X more likely to develop cervical cancer than white women.

Abnormal Pap? Don’t panic!
An abnormal Pap test is not a diagnosis of cervical cancer. Follow up with your health care provider to discuss your screening results and recommendations.

American Indian Cancer Foundation
AmericanIndianCancer.org
Indigenous Pink
Breast Health

1 in 8 women will get breast cancer in their lifetime

Increased Risks
- GENETICS: Inherited DNA changes in genes
- GENDER: Being female
- FAMILY HISTORY: Mother, sister, daughter has had breast cancer
- BREAST DENSITY: High density breasts
- AGE: Getting older

Breast cancer usually has no symptoms when the tumor is small and most treatable.

What can I do?
- BREASTFEED: Breastfeeding reduces estrogen exposure that helps prevent breast cancer
- REGULAR MAMMOGRAMS: Women 40+ should have the option to have a mammogram once a year
- REGULAR BREAST EXAMS: Speak to your health care provider for options

CONTACT YOUR HEALTH CARE PROVIDER IF YOU HAVE ONE OR MORE OF THESE RISKS

Screening Guidelines/Recommendations

<table>
<thead>
<tr>
<th>Age</th>
<th>Screening</th>
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</tr>
</thead>
<tbody>
<tr>
<td>40-44</td>
<td>Option to begin annual screening</td>
<td>45-54</td>
<td>Annual screening</td>
<td>55+</td>
<td>Screening every 2yrs Option to screen yearly</td>
</tr>
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</table>

American Indian Cancer Foundation

Talk to your health care provider about when screening is best for you.
Community & System Level Barriers

- Underfunded urban and tribal health care systems
- Lack of accurate population specific data
- High rates of poverty
- Poor access to health care
- Lack of culturally competent health care providers
- Limited availability of prevention programs, cancer screening and specialist care, especially in rural areas
What impacts our health?

- 40% Social and Economic Factors
- 30% Health Behaviors
- 10% Clinical Care
- 10% Physical Environment
- 10% Genes and Biology
HEALTHY EATING FOR STRONG NATIVE COMMUNITIES

PROMOTING INDIGENOUS HEALTH

- Indigenous Foods: foods Native to local area.
- Healthy Options: water, fruits, vegetables, whole grains, lean proteins, unprocessed foods.
- Unhealthy options: sugary drinks and processed foods high in sugar, sodium and saturated fat.

- Provide incentives for vendors offering healthy options and posting nutrition information for all items.
- Encourage bringing healthy dishes to community gatherings.
- Offer healthy options in vending machines.
- Host events featuring Indigenous foods.
- Work with kitchen management to make Elder Nutrition Program meals healthy and tasty.
- Offer culturally appropriate nutritional counseling, including breastfeeding education.
- Initiate fruit and vegetable prescription program with vouchers redeemable at stores and farmers market.
- Apply a Health in All Policies (HIAP) framework to decision making processes.
- Enact a tribal health and wellness policy.
- Support community health and wellness coalition or committee.

- Enact policy requiring healthy advertising and marketing at checkout area.
- Increase taxes on unhealthy options and decrease taxes on healthy options.
- Initiate farm to school program.
- Enact policy to remove all unhealthy options from vending machines.
- Offer healthy breakfast, after school snacks and summer lunches.
- Provide education on the role of food in Indigenous culture and medicine.
- Create space for all generations to connect to traditional foods knowledge.

- Install EBT system to accept SNAP and WIC benefits.
- Waive vendor fees for Indigenous producers and assist with licensure.
- Offer youth training to support development of farming, leadership and job skills.
- Supply foods to schools, stores and other tribal programs.
- Offer opportunities for skill building in traditional hunting and gathering practices.
- Include Indigenous foods in commodity program.

HIAP Definition
An approach to tribal policy that weighs the potential health impacts of decisions, seeking to avoid harmful health impacts and improve community health outcomes.
Provide direct support to quit with culturally specific cessation.

TRIBAL CLINIC
Cancer Innovation Teams

Engage Inter-departmental Teams to increase flow, quality and patient outcomes

• Clinic providers, nurses and lab
• Public Health Nursing and CHR
• Pharmacy
• EHR Data & Billing
Clinic Provider Reminder Tools

Tobacco Cessation Flow Charts

Ask
Do you currently use commercial tobacco?
- ☐ Yes
- ☐ No

☐ Document tobacco use status in patient’s chart

Congratulations!
☐ Document tobacco use status in patient’s chart

Advise
Are you thinking about quitting?
- ☐ Yes
- ☐ No

The most important advice: I can give you to protect your health is to quit using commercial tobacco and we are here to help you.

Assess
State of Change
- Precontemplation: Not ready to quit
- Contemplation: Intent to quit within 6 months
- Action: Ready to quit in next 30 days

Connect
Would it be okay if someone called you in the next week or so to set up an appointment with our smoking cessation counselor?
- ☐ Yes
- ☐ No

Arrange
- ☐ Remind patient that you will ask again in the future
- ☐ Create smoking cessation order

Pharmacotherapy Poster

Want to quit? Let’s Talk.

Medications can help you manage your withdrawal symptoms so you can quit for good.

Nicotine Replacement Therapies (Often referred to as NRTs)
- Nicotine Gum** (2 mg or 4 mg)
- Nicotine Patches** (2 mg or 4 mg)
- Nicotine Lozenges** (2 mg or 4 mg)
- Nicotine Inhaler

Nicotine Nasal Spray

Smoking Cessation Medication Options
- Bupropion SR 150mg
- Varenicline

Combination Options
- Nicotine + Bupropion
- Nicotine + Varenicline
- Nicotine + Inhaled

Prescriptions must be filled at Shriner’s Hospitals for Children.

**FDA approved for adults weighing at least 140 pounds. Prescription required. Use of NRTs may be ineffective for people with a history of severe psychiatric symptoms. No available studies in children, adolescents, and young adults.

References:

Clinic Logo

American Indian Cancer Foundation.

Prescriptions must be filled at Shriner’s Hospitals for Children. Therapy as needed after 6 weeks. Patients are referred to local community programs after 6 weeks. Patients are referred to local community programs after 6 weeks.

Clinic Logo

American Indian Cancer Foundation.
Patient Education Materials

- Brochures
- Posters
- Videos
- Retractable signs
- AND of course,
- Social media

I am proud to be a #SmokeFreeMom

American Indian Cancer Foundation - www.aicaf.org
Of the current American Indian Smokers in Minnesota... Nearly 2/3 want to Quit Smoking but don’t know where to start.

Quit Connections
your path to commercial tobacco cessation

PATCHES, GUM OR LOZENGES
Available over the counter
- Double your chances of quitting
- Provides a small amount of nicotine to help reduce cravings

BUPROPION (Zyban, Wellbutrin)
OR VARENICLINE (Chantix)
Prescription only
- Reduce nicotine withdrawal symptoms and tobacco cravings
- Bupropion can be combined with a patch
- Do not contain nicotine and are not addictive

COUNSELING & SUPPORT
- Telephone counseling
- Internet-based Programs
- Individual or Group Counseling
- Counseling + Medication is more effective than any one method alone

NASAL SPRAY OR INHALER
Prescription only
- Reduces tobacco cravings
- Nicotine nasal spray = medication that you spray into your nostrils
- Nicotine inhaler = medication that you hold to your mouth and inhale to combat cravings

COMBINATION OPTIONS
Increase your chances of quitting
- Bupropion = ✓
- Gum = ✓
- Lozenge = ✓
- Inhaler = ✓

TAKE ACTION!
Talk to your doctor or cessation counselor about what cessation option works best for you.
For cessation options and support, Join Quit Connections on Facebook.

American Indian Cancer Foundation.
How can **you** help us build **STRONGER communities**?

**Join us in this fight!**

**Support. Share. Learn.**
Our Partners are the Solution

We Need You As a Partner.

• Collaborate on a Project in your Community
• Share your Time & Talents
• Share your Story about:
  – Making Healthier Choices
  – Finding Cancer Early & Surviving
  – How your family has been changed by cancer
  – Tell others about why we need to do more
American Indian Cancer Foundation’s 6th Annual Powwow for Hope

SAVE THE DATE | MAY 6, 2017

PowwowforHope.org | Base Camp Facility, 201 Bloomington Rd, Minneapolis, MN 55111

We imagine a world without cancer.
Keep in Touch with AICAF

AmericanIndianCancer.org

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