



American Indian
Cancer Foundation®

American Indian Cancer Burden

Cancer Facts for American Indian and Alaska Natives

Kris Rhodes, MPH

Cancer kills too many
American Indians
every day.



The AICAF Story

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.

AICAF Strategic Goals

1. Bring attention to American Indian Cancer Burdens and Solutions
2. Advance Capacity Through Training, Technical Assistance and Resources
3. Increase Availability of Reliable American Indian Cancer Data and Solutions



AICAF Strategic Goal #1

1. Bring attention to American Indian Cancer Burdens and Solutions

- Champion collaborations and partnerships that leverage community interest, resources, and investments.
- Engage tribes and mainstream health organizations through presentations, exhibits, media and social media.
- Host fundraiser and awareness events across Indian Country.



AICAF Strategic Goal #2

Advance Capacity Through Training, Technical Assistance and Resources



- Identify prevention and healing approaches based on tribal teachings, sovereignty and self-determination.
- Develop and share model frameworks, training and resources for American Indian communities and health systems.
 - Community education and outreach
 - Clinical systems innovations
 - Survivor support

AICAF Strategic Goal #3

Increase Availability of Reliable American Indian Cancer Data and Solutions

- Host community conversations to identify local cancer priorities, barriers and solutions.
- Develop and share relevant reports and presentations.
- Collaborate on reality-based and community-driven research.
- Support evaluation of cancer prevention and screening efforts.





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Cancer is the...

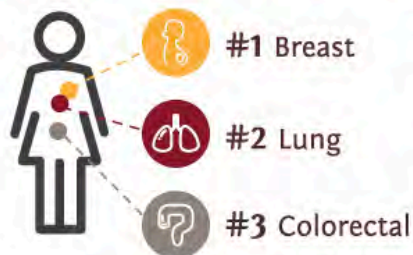
**#1 Cause of Death
for Women**

- #2 Heart Disease
- #3 Unintentional Injury

**#2 Cause of Death
for Men**

- #1 Heart Disease
- #3 Unintentional Injury

The most commonly diagnosed cancers are...



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

Other leading causes of cancer death are...



Prostate

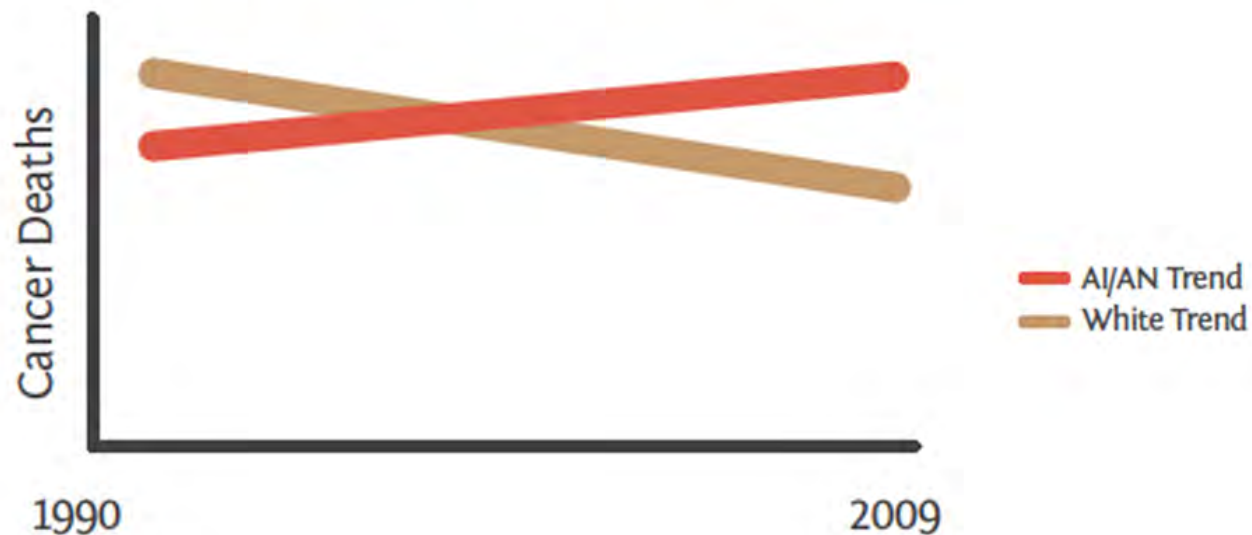


Colorectal

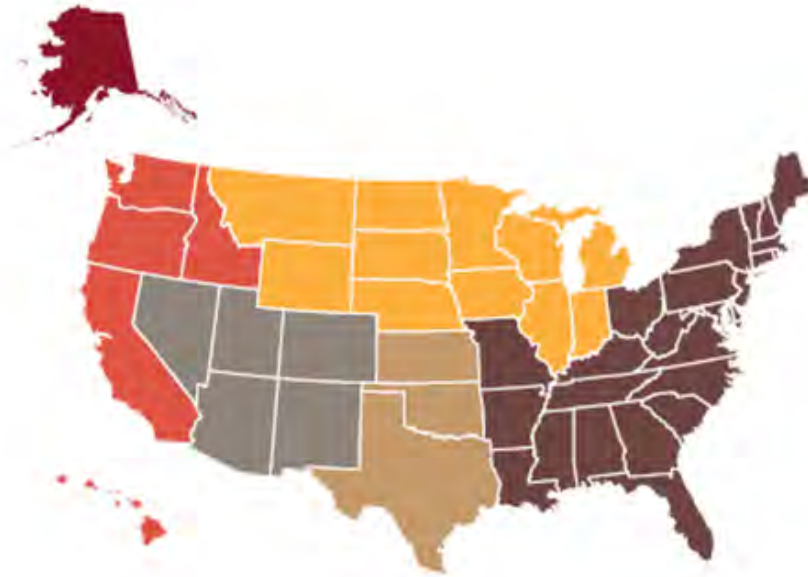


Breast

Cancer death rates for AI/AN increased over a 20 year period, while decreasing for Whites over the same time frame.



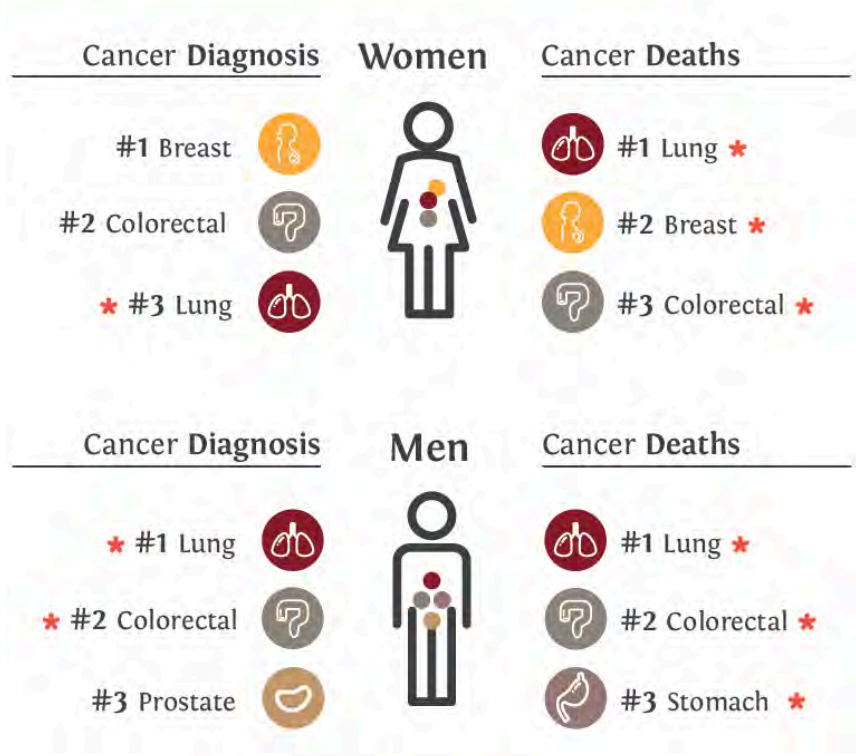
Distinct patterns in *AI/AN* cancer rates are observed across six geographic regions defined by the Indian Health Service.



Alaska



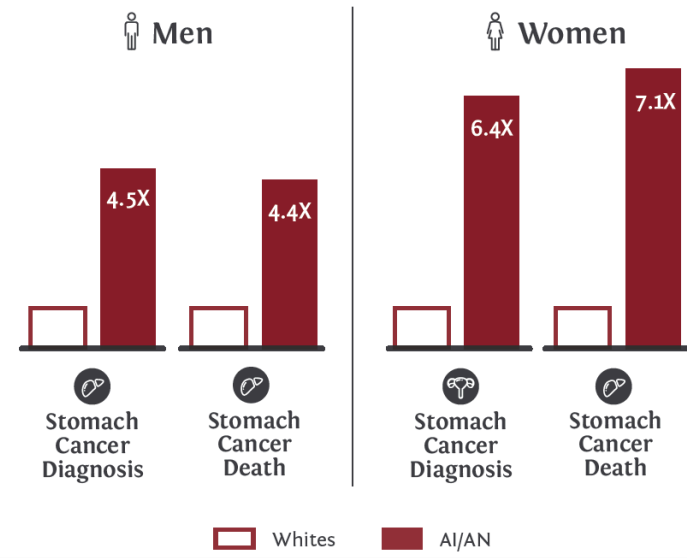
Most Common Cancers: Alaska



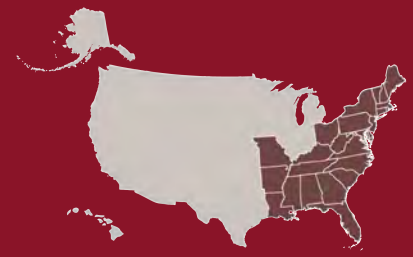
* Indicates higher rates for AI/AN than Whites

AI/AN in Alaska have higher cancer diagnoses and death rates for many cancers compared to Whites.

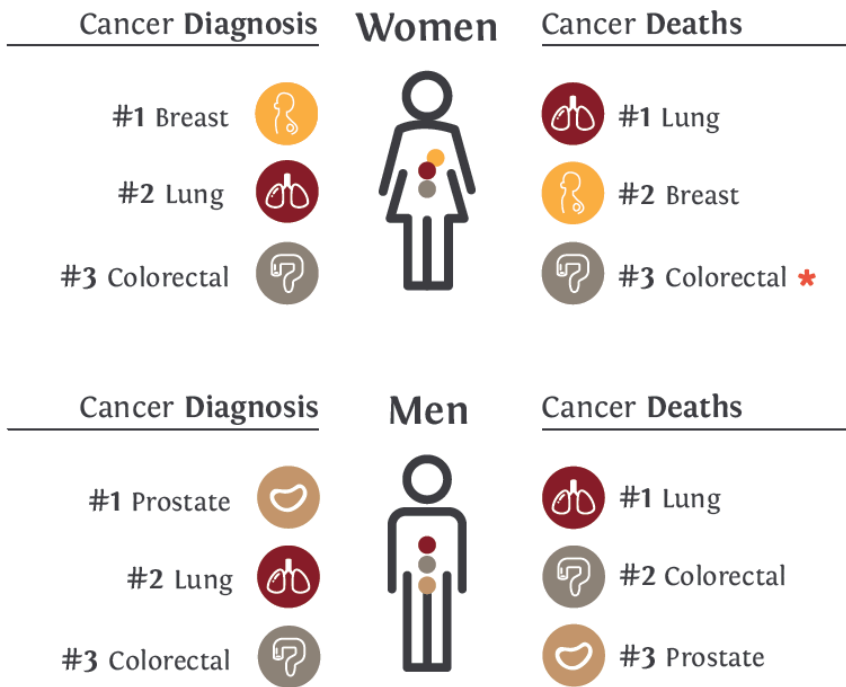
Cancer Disparities for AI/AN vs. Whites: Alaska



East



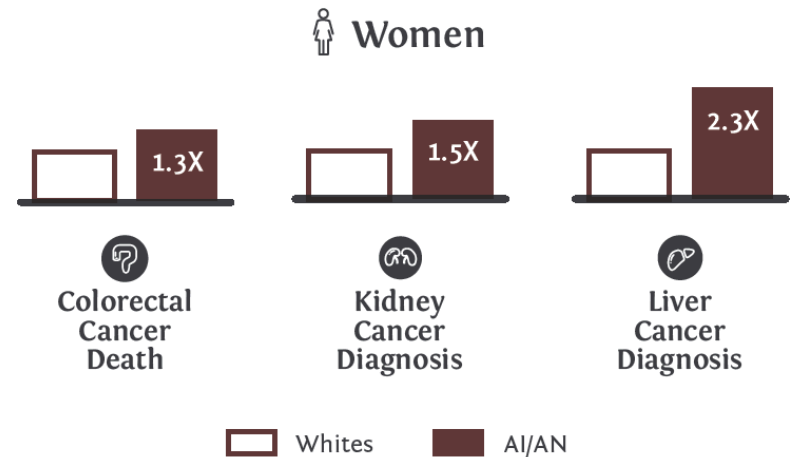
Most Common Cancers: East



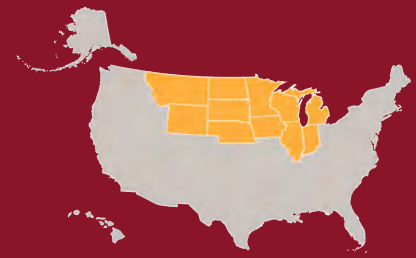
* Indicates higher rates for AI/AN than Whites

AI/AN in the East have lower cancer diagnosis rates for the top three cancers compared to both Whites and other regions.

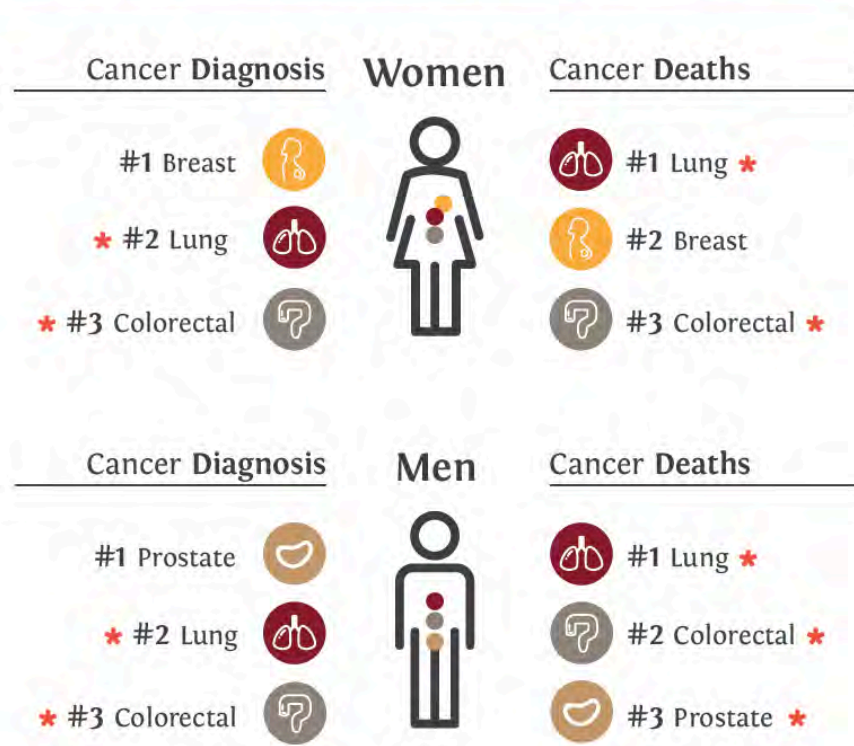
Cancer Disparities for AI/AN vs. Whites: East



Northern Plains



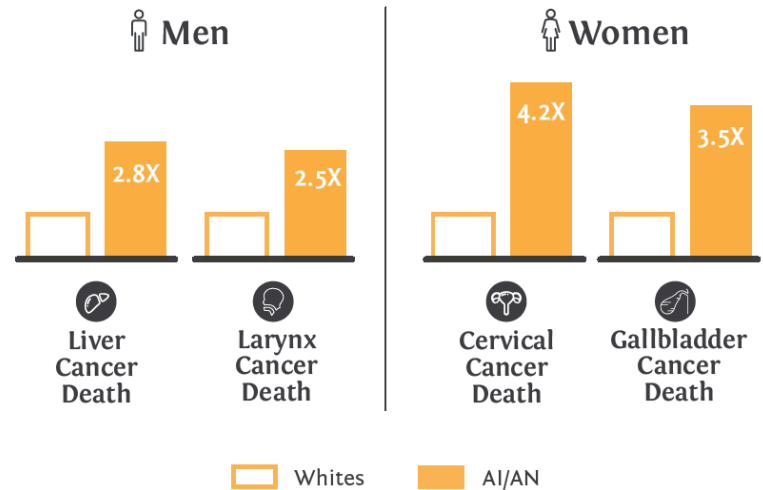
Most Common Cancers: Northern Plains



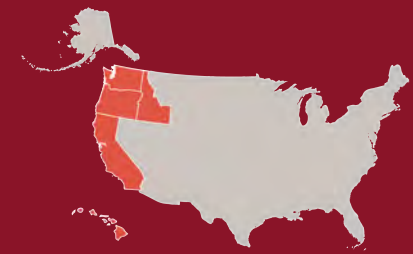
* Indicates higher rates for AI/AN than Whites

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

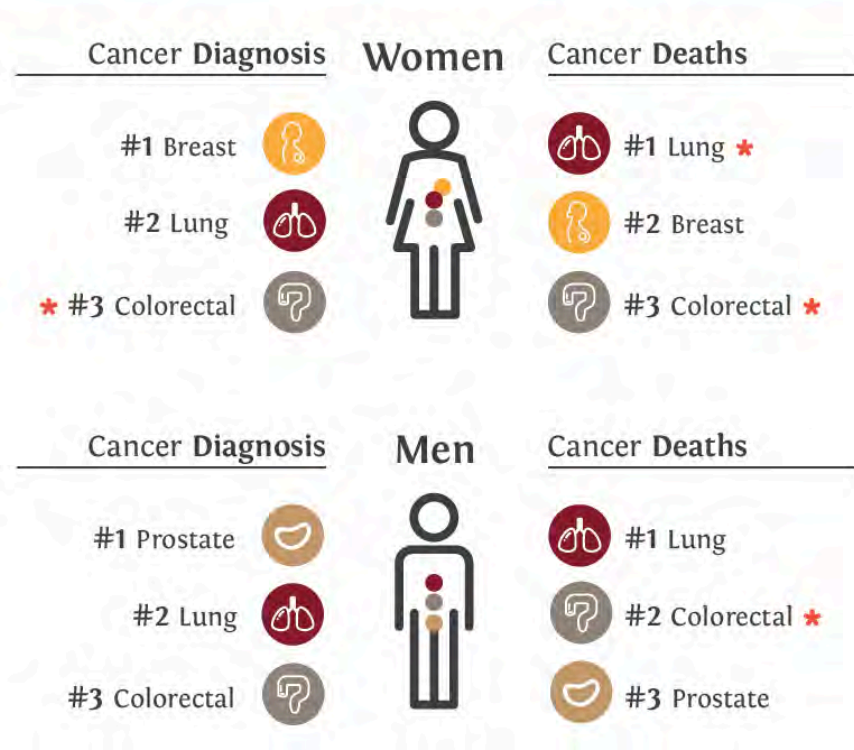
Cancer Disparities for AI/AN vs. Whites: Northern Plains



Pacific Coast



Most Common Cancers: Pacific Coast



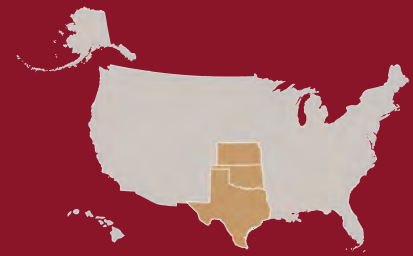
* Indicates higher rates for AI/AN than Whites

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.

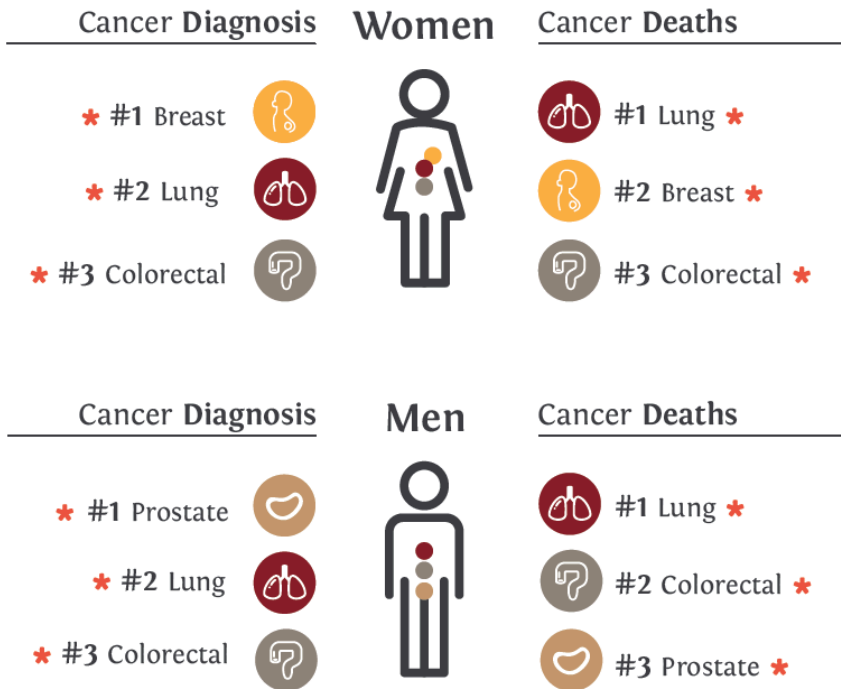
Cancer Disparities for AI/AN vs. Whites: Pacific Coast



Southern Plains



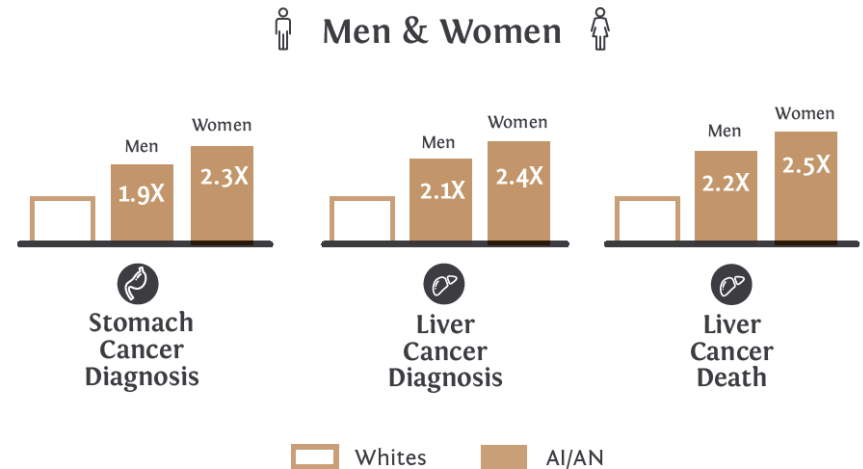
Most Common Cancers: Southern Plains



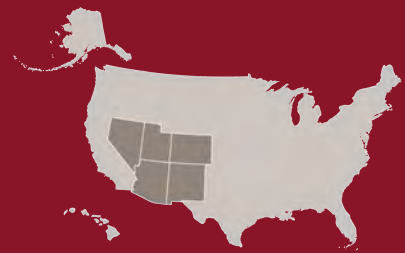
* Indicates higher rates for AI/AN than Whites

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

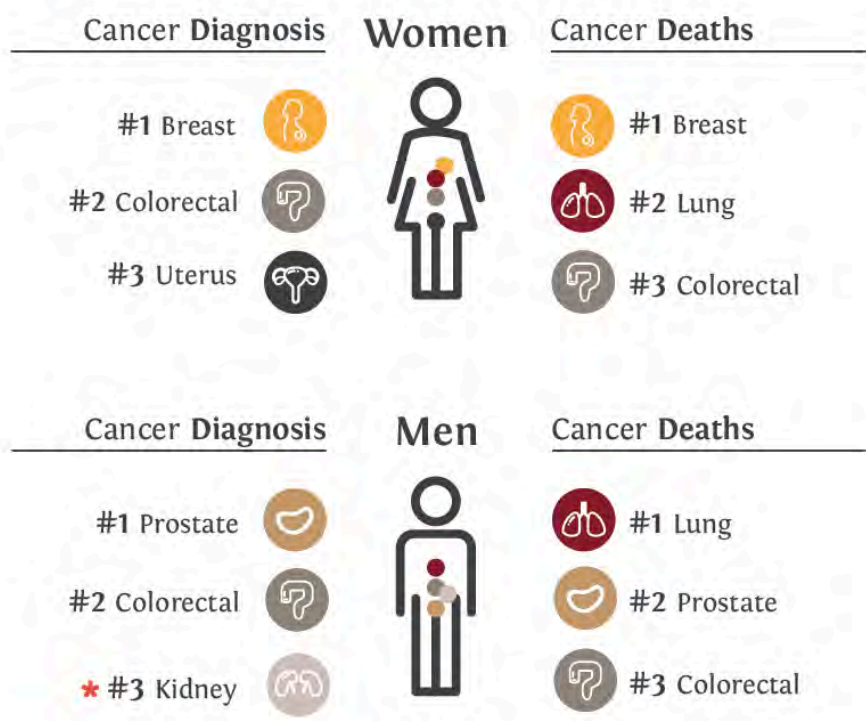
Cancer Disparities for AI/AN vs. Whites: Southern Plains



Southwest



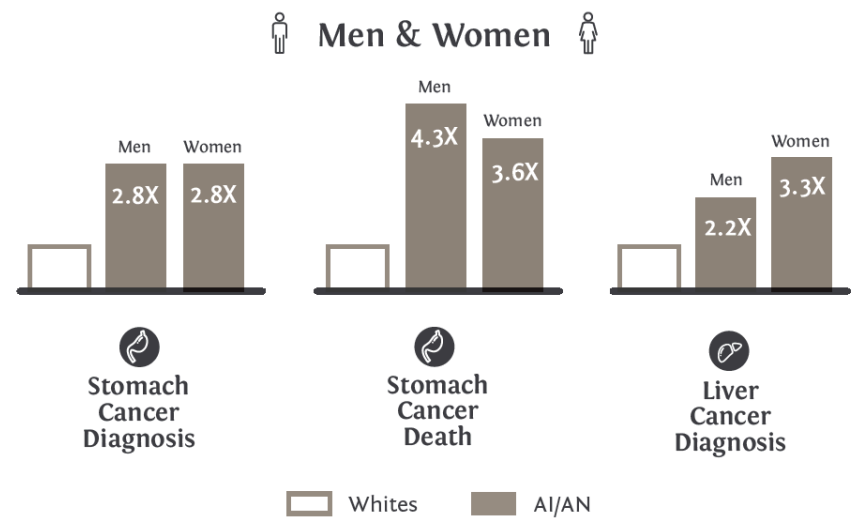
Most Common Cancers: Southwest



* Indicates higher rates for AI/AN than Whites

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





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American Indian Cancer Burden: Cancer Facts for American Indians and Alaska Natives resource copy available at:

AICAF.org/American-Indian-Cancer-Facts

Source Data: White MC, Espey DK, Swan J, Wiggins CL, Ehemann C, Kaur J. *Disparities in Cancer Mortality and Incidence Among American Indians and Alaska Natives in the United States*. AJPH: June 2014, Vol. 104, No. S3: S377-S387.

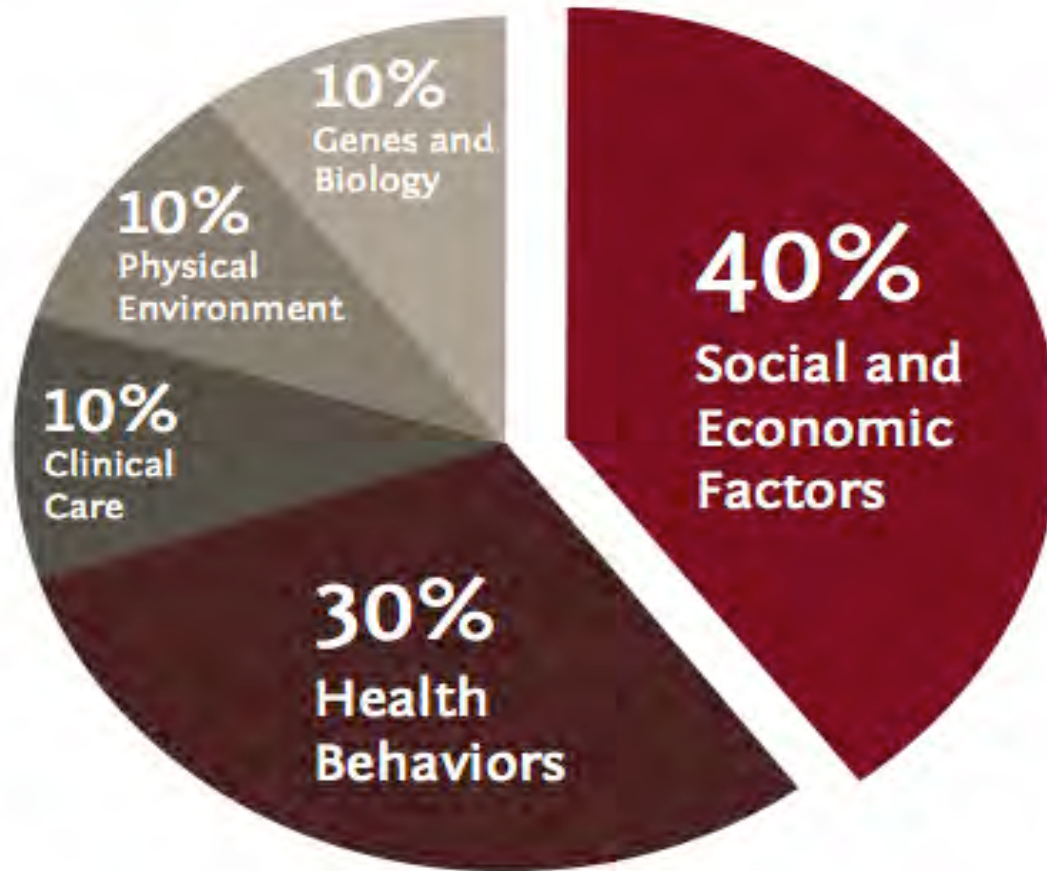
What Are The Leading Causes?



Health Behaviors

- Cigarette smoking and chewing tobacco
- Cigarette smoke exposure
- Low screening rates
- Alcohol abuse
- Lack of regular physical activity
- Diets high in animal fats and lower in fiber with a lack of fresh fruit and vegetables

What impacts our health?



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

Our Approach



We believe...

Native communities have the wisdom and the solutions to cancer inequities, but are often seeking the organizational capacity, expert input and resources to do so.

What AICAF Brings as a Partner

- A neutral convener committed to building on:
 - Cultural and community strengths
 - Public health evidence
 - Policy, Systems & Environmental approaches
- Background data, information & resources
- Ongoing support (TA, resources, trainings)
- Support specific to tribal needs and readiness

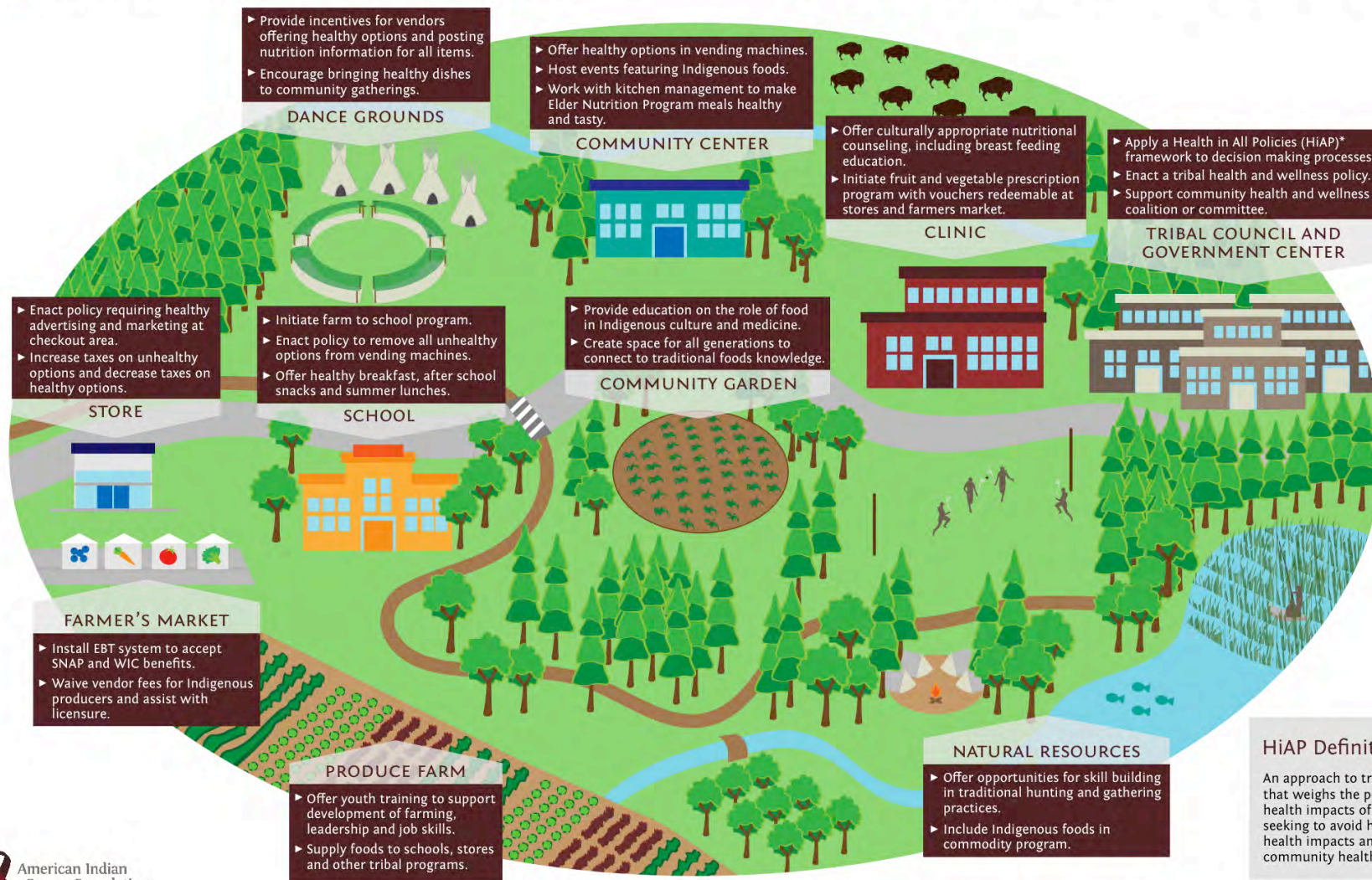
HEALTHY EATING FOR STRONG NATIVE COMMUNITIES

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.



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.

STRATEGIES FOR STRONG NATIVE COMMUNITIES

PROMOTING INDIGENOUS HEALTH

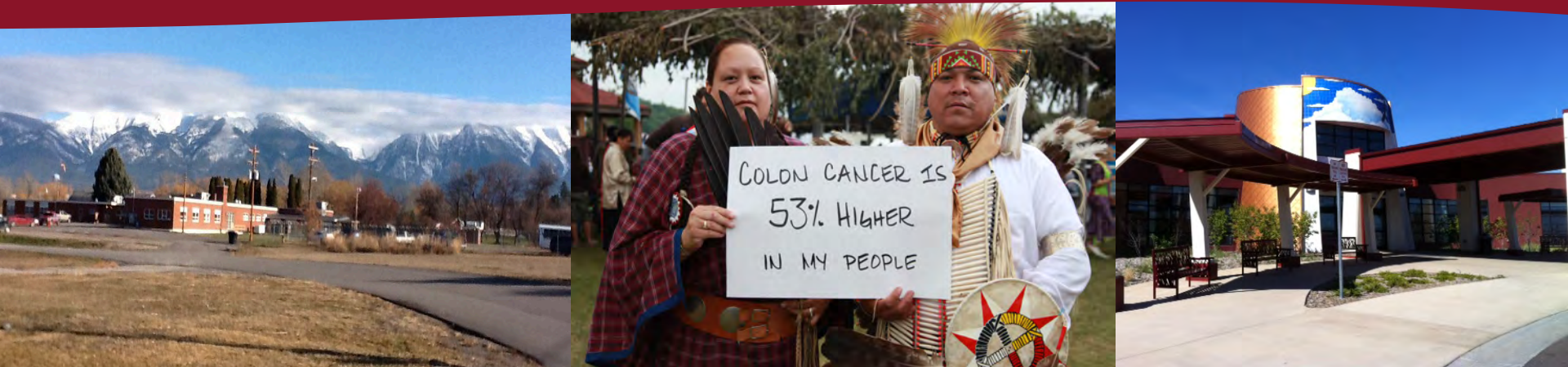
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Cancer Innovation Teams

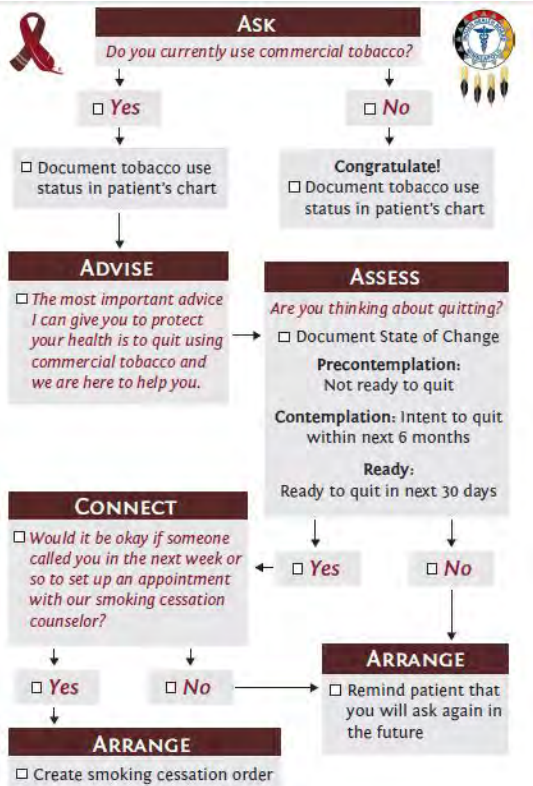


Engage Inter-departmental Teams to increase flow, quality and patient outcomes

- Clinic providers, nurses and lab
- Public Health Nursing and CHR
- Pharmacy
- EHR Data & Billing

Clinic Provider Reminder Tools

Tobacco Cessation Flow Charts



Pharmacotherapy Poster

Clinic Logo

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)				SMOKING CESSATION MEDICATION OPTIONS		COMBINATION OPTIONS (NRT + MEDICATION)	
Medication	Nicotine Gum** (2 mg or 4 mg) <i>Over the Counter Only</i> Generic, Nicorette	Nicotine Patch** (7 mg, 14 mg or 21 mg) <i>Over the Counter or Prescription</i> Generic, Nicotrol, Nicotrol CD, Nicotrol	Nicotine Lozenge** (4 mg or 8 mg) <i>Over the Counter Only</i>	Nicotine Inhaler Prescription Only, Generic, Contax	Nicotine Nasal Spray Prescription Only, Generic, NS	Bupropion SR 370** Prescription Only, Generic, Zyban, Wellbutrin SR	Varenicline** Prescription Only, Chantix	1) Patch + bupropion 2) Patch + gum 3) Patch + lozenge 4) Patch + inhaler See left for availability.
Dosage	- 1 piece every 2 to 3 hours - 8-12 pieces per day - If smokes 16 mins after waking: 2 mg - If smokes 30 mins after waking: 4 mg	- One patch per day - If 10-20 cigarettes: 21 mg 4 weeks, 14 mg 2 weeks, 7 mg 2 weeks - If < 10 cigarettes: 14 mg 4 weeks, then 7 mg 4 weeks	- If smokes less than 30 mins after waking: 2 mg - If smokes less than 30 mins after waking: 4 mg - Weeks 2-6: 1 every 2 hours - Weeks 7-9: 1 every 3-4 hours - Weeks 10-12: 1 every 4-8 hours	- 5-10 cartridges/day - Inhale 6-8 times cartridge - May use partially-used cartridge for next day	- 1 "dose" = 1 squirt per nostril - 2-3 doses per hour - 8-16 doses per day - Do NOT inhale	- Days 1-3: 150 mg each morning - Days 4-7: 150 mg twice daily - Day 8-end: 75 mg twice daily	- Days 1-3: 0.5 mg every morning - Days 4-7: 0.5 mg twice daily - Day 8-end: 1 mg twice daily	See information to the left.
Latency	- Pre-quit: Up to 6 months before quit date with smoking reduction - Post-quit: Up to 22 weeks	- Pre-quit: Up to 6 months before quit date with smoking reduction - Post-quit: 12 weeks	- 3-6 months	- Pre-quit: Up to 6 months before quit date with smoking reduction - Post-quit: Up to 6 months, taper at end	- 3-6 months, taper at end	- Start 2-3 weeks before quit date, use 3-8 months - Alternatively, begin medication 1-2 weeks quit between day 8 and 35.	See information to the left.	
Side Effects	- Mouth soreness - Stomach ache	- Local skin irritation - Insomnia	- Nausea - Cough - Headaches	- Local irritation of mouth & throat	- Nasal irritation	- Insomnia - Dry mouth	- Nausea - Insomnia - Abnormal strange dreams	See individual medications to the left.
Contraindications	- Caution with diabetes - Do not eat or drink 23 minutes before or during use	- Do not use (if you have asthma) unless for patch only	- Do not eat or drink 23 minutes before or during use - One lozenge at a time - Limit to 10 in 24 hours	- May irritate throat at first (improves with use)	- Not for patients with asthma - May irritate nose (improves over time) - May cause dizziness	- Not for use if you: - Have an immune system (MAC) inhibitor - Use bupropion - Have a history of seizure - Have a history of eating disorder - See TGA package insert regarding pregnancy and breastfeeding drug - Use with caution in patients with: - TGA Warning: Varenicline patients have reported depressed mood, agitation, changes in behavior, suicidal ideation, and suicide. - See www.fda.gov for further updates regarding recommended safe use of Varenicline.	- Only patch + bupropion is currently FDA-approved. - Follow instructions for individual medications.	

Prescription marked with ** are available at: Natchez/Walksboro Pharmacy or at your pharmacy if you meet the following requirements:
 1. Reside in Mississippi or Barrow County
 2. A member or descendant of a Federally Recognized Tribe
 3. Enrolled in a smoking cessation program

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Future generations need you...
strong and healthy.



“We ask about your smoking
because we care about your health.”

Want to quit?
Let's talk.

Patient Education Materials

- Brochures, posters, pocket self-help guides
- Videos and/or messaging for clinic lobby TV
- Retractable sign displays for clinic lobby

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



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

COUNSELING & SUPPORT

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



BUPROPRION (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

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



Patch

- + 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.



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Together we can do more!



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

The Urgency. The Opportunity.

Cancer kills more American Indians than any other disease.
More than diabetes. More than addiction.

The American Indian Cancer Foundation (AICAF) is hard at work to reverse this devastating trend. AICAF is committed to ending cancer in Indian Country. To do so requires expertise, collaborations and resources. We invite you to become a part of the solution. We need you in this fight!

Your investment contributes to success







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AmericanIndianCancer.org



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