



# Spirit of EAGLES *newsletter*

Summer 2010

*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.*

## Supporting

**E**ducation

**A**dvocacy

**G**rants

**L**eadership

**E**lders

**S**urvivors

**S**cholarships

*in Indian  
Country*

## Chairman's Corner



*Judith Salmon  
Kaur, M.D.*

The next few months will be very exciting for Spirit of EAGLES and Native CIRCLE. We are planning a fantastic national meeting in Seattle. If you have not yet registered for the conference, please do so at <http://www.nativeamericanprograms.org>.

A limited number of partial scholarships are available and will be given on a first come, first served basis. We will do our best to help anyone who wants to attend the conference within the limits of pledged support.

Secondly, our Spirit of EAGLES, Community Networks Program II (SOE-CNP II) should receive our official grant award notice in September for five years of support. This opportunity will provide new resources for community partnerships. Native CIRCLE will also receive partial funding from the SOE-CNP II to continue its role as our educational outreach arm. We have also applied to the National Library of Medicine for a grant to strengthen Native CIRCLE's efforts to educate on health issues that seriously affect our communities, such as cancer, diabetes, heart disease and obesity.

Please continue to share with us successful programs in your community and partner with us for the improved health of all!

Judith

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## A Partner's Perspective

### Community-Based Cancer Control: A Seminar for American Indian/Alaska Native Community Health Advocates.

by Tom Becker

Each March, Oregon Health and Science University (OHSU) staff joins University of Washington's Associate Professor in Community Health Nursing, June Strickland, and Five Crows Cultural Liaison and Spiritual Guidance, Edward James, for a community training opportunity, *Community-Based Cancer Control: A Seminar for American Indian/Alaska Native Community Health Advocates*. OHSU staff includes Thomas Becker, PI, Jessica Kennedy, Program Manager, and Tosha Zaback, PRC Program Manger/Evaluator. This one-week seminar provided community members with the tools to approach researchers, identify research questions, write grants and collaborate on projects that address cancer

health disparities. The seminar was open to tribal community members with an interest in improving cancer prevention, screening and treatment in their community. Throughout the week, participants become familiar with community-based participatory research, cancer information and elements of writing a winning community-based grant. Seminar topics included locating funding sources, establishing grant-writing goals and objectives, developing a budget and more. Following a traditional approach, Five Crows provided opening and closing prayers and worked with individuals as needed. Many of the

*continued on page 3*



Top row, left to right: Zekkethal Vargas Thomas, Laurie Cropley, Michael Romero, Janice Jumbo, Courtney Rohleder, Ditas Fallis, Victoria Augare, Rose Davis, Laura Harrison, Eric Vinson, Karen Morgan, Jeremy Willie  
Second row, (sitting) left to right: June Strickand, Edward James (Five Crows), Patricia Catches The Enemy, Mary Spalding-Antilla

grants funded from this work focused on the return to traditional practices.

Acceptance into the seminar is through a competitive application process. National recruitment targeted tribal community members with an interest in improving cancer prevention screening and treatment in their communities. Successful applicants were selected by an independent Native selection committee and received a full scholarship covering travel, hotel, meal allowance and course materials.

The seminar has been held for five years, and reached 71 community people from across the US. Starting in March of 2006, the seminar was held in Seattle for three years. In 2009 the seminar moved to Portland, Ore., and remained there for the fifth and final seminar in March 2010. The 2010 seminar included

13 participants, and some excellent guest instructors with expertise in cancer prevention and research and Community Based Participatory Research. Guests included Paulette Baukol, Mayo Clinic, Noelle Wiggins, Multnomah County, Atif Zaman, MD, OHSU, Patty Carney, PhD, OHSU, Eric Vinson, Northwest Portland Area Indian Health Board, Kerry Lopez, Northwest Portland Area Indian Health Board, and Chuck Wiggins, PhD, New Mexico Tumor Registry.

This year, participants were given a very special opportunity to visit the Yakama Nation and participate in a community ceremony; the participants of the seminar wrote prayer request notes for their people to be taken to the mountains in eastern Washington.

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## A Partner's Perspective

### What's The Big Deal?

*by Melany Cueva*

There is a new Readers' Theater script about colon cancer screening!

"What's the Big Deal?" is a tool you can use to help your community stay healthy. Colorectal cancer is the second leading cause of cancer death for many American Indian and Alaska Native people, yet it can be detected and prevented through screening by finding and removing colon polyps before they become cancer. The play was inspired by Community Health Representatives (CHR), Alaska's Community Health Aides and Community Health Practitioners (CHAP), cancer survivors and medical experts. Additionally, 3 focus groups provided guiding insight as the play was being developed, which included CHRs during a colorectal education gathering in Albuquerque. The play has six characters that use humor to talk about common questions and concerns related to colon cancer screening.

"What's the Big Deal?" was read as part of cancer education at the CHR Basic and Refresher courses in Oklahoma and the Alaska CHAP Forum during April 2010. Results from the reading show that 86 of 88 (98%) people liked and recommended the play; 85 people felt more comfortable to talk about colorectal cancer and 56 people wrote detailed information about what they learned. 60 people noted healthy changes they wanted to make: getting screened (32%), being more physically active (27%), eating healthier (22%), supporting others to get screened (18%) and sharing cancer information (17%).

Comments included:

- "It gave us a new way to talk with patients and family."
- "Being embarrassed about doing our screening can be a matter of life or death."
- "It needs to be talked about."
- "We are not alone. There are a lot of people that want to help."
- "...a great way to lighten the mood on such a serious topic."

*continued on page 4*



Tina Ketah - Photo courtesy of Maisie MacKinnon c.2010

You can help to support colon health in your community by partnering with friends and co-workers to have a Reader's Theatre activity to support conversations about colon screening.

### What is Readers' Theatre?

Readers' Theatre is the coming together of a group of people to read aloud a scripted conversation. Readers and listeners sit together in a circle. Both readers and listeners are given a copy of the script to read their part aloud, or to follow along and listen. Readers read from their hand held script without memorizing anything.

### Why Reader's Theatre?

The purpose of using the script "What's the Big Deal?" as a Readers' Theatre is to share basic information about colon screening. The script becomes the starting point for talking about the importance of colon screening to prevent cancer or to find and treat cancer early.

### How many people are needed to do this Readers' Theatre?

Six people willing to read one of the characters in the story.

### How long does "What's the Big Deal?" take to read in a group?

25 minutes with an additional 30 minutes recommended for participants to talk about their questions and concerns related to colon screening.

### Who is the audience?

"What's the Big Deal?" can be read in a small group or performed for a larger audience. Community health workers, community members, cancer survivors, and people of all ages interested in learning more about cancer are possible participants. Readers' Theatre has been done as part of CHA/P Training, CHR Training, medical conferences, cancer survivor support groups, school presentations, community gatherings and cancer education courses.

### Where can "What's the Big Deal?" be read?

Readers' Theatre has been read over the telephone as part of distance education courses, over the radio and face-to-face. Bingo halls, churches, schools, hospitals, convention centers, office buildings, classrooms, libraries, hotels and parks are examples of just a few locations where Readers' Theatre has been shared with people.

### Who can make a Readers' Theatre happen?

You can. Anyone willing to create an opportunity to share cancer information and learn in community with other people can make this happen.

To read the new colon health Readers' Theatre script, "What's the Big Deal?" and find helpful suggestions on how to make Readers' Theater happen in your community, please contact, Melany Cueva at [mcueva@anthc.org](mailto:mcueva@anthc.org).

## Community Research Perspectives

### Native American Cancer Prevention and Wellness Education Circles

By Markos Samos

During fall and winter 2009, the project staff for **Native American Cancer Prevention and Wellness Education Circles** conducted four Wellness & Cancer Prevention Circle Education Sessions with 72 participants in Connecticut and Rhode Island. Education sessions were led by members of our community educator team and our researchers. These seven community educators include: Mildred Calhoun (Narragansett), Agnes Cunha (Eastern Pequot), Brenda Geer (Eastern Pequot), Hayley Harris (Narragansett), Cherie Martins (MPTN), Barbara Poirier (MPTN), and Ed Sarabia (Tlingit). Researchers are Mary Canales, Markos Samos, Nina Wampler, and Diane Weiner.

Education session participants had the opportunity to learn about 1) the relationship of environmental exposures, cancer prevention and screening; and 2) family history, nutrition, cancer prevention and detection at distinct luncheons or dinners. Discussions about cancer education resources became part of all sessions. Based on our prior programs in CT, we developed an agenda that centered on a formal presentation, an education circle session, and a hosted meal. Our project team members worked together and with the Northeast Tribal Cancer Advisory Board to develop strategies unique for each session setting, including guest presenters Deborah Smith and Cheryl Albright of American Cancer Society.

Participants at each education session completed a post feedback form, providing views of the session itself, knowledge gained and program gaps. We collected a total of 43 evaluations for all four sessions.

Open ended responses suggest that participants would like to learn more about legal, environmental, pediatric and dietary issues. Participants learned about the availability of resources and services and



*Agnes Cunha, Eastern Pequot Tribal Elder, Tribal Counselor and 2 time cancer survivor*

information about cancer risks and prevention. When queried about ways to improve our programs we received a number of ideas: host presentations by companies that work on the environment, distribute information about this project through home visits, radio and television outlets and local hospitals and offer more and continued education sessions. One cancer survivor wrote "This was very uplifting to me; this will help me in the future. ... We need more programs like this." We hope in the coming years to continue this unique project.

## A Student's Perspective

by Joseph Marquis

My name is Joseph Marquis (Ohlone Costanoan Esselen Nation, Chumash and Navajo), and I am a recent recipient of the Mayo Clinic Spirit of Eagles/Hampton Research Scholarship. I am currently completing my internship year in Internal Medicine at Case Western Reserve University at MetroHealth Medical

Center, and I plan to participate in clinical research and health policy research by examining the increased association of cancer susceptibility patterns among Native American populations. I am a recent graduate from Albany Medical College (M.D./M.A.), where I

received much support to become involved in as a participant in the Indigenous Health Leadership Institute, founded by Dr. Anthony Fleg and Shannon Fleg. I am grateful for such established Institutes because they advocate for my greatest priorities, for the reasons I decided to study medicine and for what I hope to accomplish as a future Oncologist.

As part of the national executive board for the Association of Native American Medical Students, I continue to appreciate working with my fellow board members to help strengthen collaborative efforts among national medical student organizations. It's inspiring to meet several future physicians who share

a common passion to participate in Native American health policy and student recruitment efforts. Last Spring, recent Spirit of Eagles Scholars gathered in Santa Fe, NM at the Annual Cross Cultural Medicine Workshop (CCMC) to learn about traditional healing methods that many patients



among tribal communities rely on in addition to Western Allopathic Medicine. CCMC participants gathered for the Spirit of Eagles – Cancer Awareness Walk (picture below) led by Paulette Baukol, SoE operations director. I hope to follow in the steps of Dr. Hampton and Dr. Kaur as a future clinician investigator, medical oncologist and tribal health leader.

## AI/AN Regional Community Network Programs

### Updates From Native People For Cancer Control

*By Carrie Nass*

Greetings! We hope you are all enjoying summer! Like SoE, Native People for Cancer Control (NPCC) has been one of 25 Community Networks Programs in the country to receive funding from the National Cancer Institute (NCI) to reduce cancer health disparities through community-based participatory education, training and research. **Thank you to all of our partners throughout Washington, Wyoming, Alaska, Montana, Idaho, Oregon, North and South Dakota, who have collaborated with us over the past five years!!** We anticipate being funded for another five years this fall. To prepare for these upcoming years, our team will be holding a retreat in August to reassess our progress and reflect on what this means to the community now, and to plan for the future. As a result, **we will be contacting many of you to hear your education, outreach, research and training needs.** We hope that you join us in this ongoing discussion. For any comments, suggestions or questions, please contact Carrie Nass at [cnass@u.washington.edu](mailto:cnass@u.washington.edu). We cannot do this without you!

We are also pleased to announce that we have hired a co-Director, Shelley Lawson. Shelley is Tsimshian Indian, Raven Clan, and her family is from Metlakatla, Alaska. She grew up in Portland, Oregon and has lived in Seattle for 20 years. Shelley has worked for many tribes and Native owned organizations, including the Muckleshoot Tribe, the Puyallup Tribal Health Authority and Seattle Indian Health Board's Urban Indian Health Institute. She has also done consulting work for the Alaska Federation of Natives, Sealaska, South Puget Sound Intertribal Planning Agency, Oglala Sioux Tribe on the Pine Ridge Indian Reservation and the Wampanoag Tribe in Massachusetts. For the past five years, Shelley worked at Public Health – Seattle & King County, leading a colorectal cancer screening program for low income and uninsured people. Shelley has two young sons, Rhys and Ian, and her family loves to camp, play sports and hang out together. Shelley can be reached at: [salawson@uw.edu](mailto:salawson@uw.edu)

At right, is a picture of Shelley and her son, Ian.



### The University of Oklahoma Cancer Institute (OU Cancer Institute) Hires New Outreach Liaison

*By Janis Campbell*

The OU Cancer Institute recently hired Jennifer Farris (Otoe-Missouria/Creek/Cherokee) as an outreach liaison. She will primarily focus on building relationships with the Native American communities in Oklahoma to engage tribal members in cancer prevention and control efforts. In addition, she will assist OUCI researchers to involve American Indian communities in appropriate studies and provide community outreach on behalf of the OUCI. She has a master's degree in health services administration and a bachelor's degree in health information management, marketing and business administration. She also participated in the Comprehensive Cancer Control Leadership Institute, and learned from seven tribes/tribal consortiums that have established comprehensive cancer control programs to discuss their programs in their communities.

## Network for Native Researchers

### Making Headway Against Colorectal Cancer in Indian Country

By David Espey, Don Haverkamp and Nat Cobb

The Center for Disease Control and Prevention (CDC) has provided support to the Indian Health Service (IHS) Division of Epidemiology and Disease Prevention since 2003 to address colorectal cancer (CRC) in American Indian and Alaska Native communities. The below partnerships are aimed at improving CRC prevention and control in populations we serve.

Colorectal cancer is an important cause of disease and death in American Indian and Alaska Native's that varies greatly by geographic region for native populations. Compared to non-Hispanic whites, American Indian and Alaska Native's in both Alaska and the Northern Plains have higher CRC burden whereas it is much lower in the Southwest.

Screening is a key tool in the early detection of CRC. Appropriate screening tests, such as high-sensitivity fecal occult blood tests, fecal immunochemical tests, flexible sigmoidoscopy and colonoscopy can detect CRC at an early and more curable stage, and, in the case of colonoscopy, can even prevent CRC by removing polyps discovered during screening.

In response to the heavy burden of CRC in Alaska Natives, the Alaska Native Tribal Health Consortium Epidemiology Center collaborates with the Alaska Native Medical Center in Anchorage to send teams to regional health facilities to conduct screening colonoscopies. The Epidemiology Center is also conducting several studies towards improving CRC screening and detecting high-risk patients.

Several other projects have a broader scope. Kevin English and Melany Cueva are leading a project to integrate Community Health Representatives (CHRs) into CRC screening programs. The first two of three CRC workshops were held with CHRs in December



*David Espey, Nat Cobb and Don Haverkamp*

2009 and April 2010 in New Mexico. Materials from this project will be combined with an interactive CD-ROM and incorporated into CHR programs nationally. A survey of endoscopic capacity will start later this year to assess the ability of health facilities to deliver CRC screening services. Finally, regional CRC summit meetings are also convening tribal, clinical and public health partners to discuss ways to increase CRC screening and awareness.

To coordinate CRC screening information and activities, Don Haverkamp formed the IHS CRC Screening Task Force to determine the most effective steps to address low screening rates among American Indian and Alaska Native's, and to increase the priority of CRC screening within the American Indian health system.

The barriers to providing appropriate CRC screening are many, but progress is being made. All of the projects and efforts mentioned here can contribute greatly to the goals of increasing screening and decreasing the number of people in Indian Country who develop CRC .

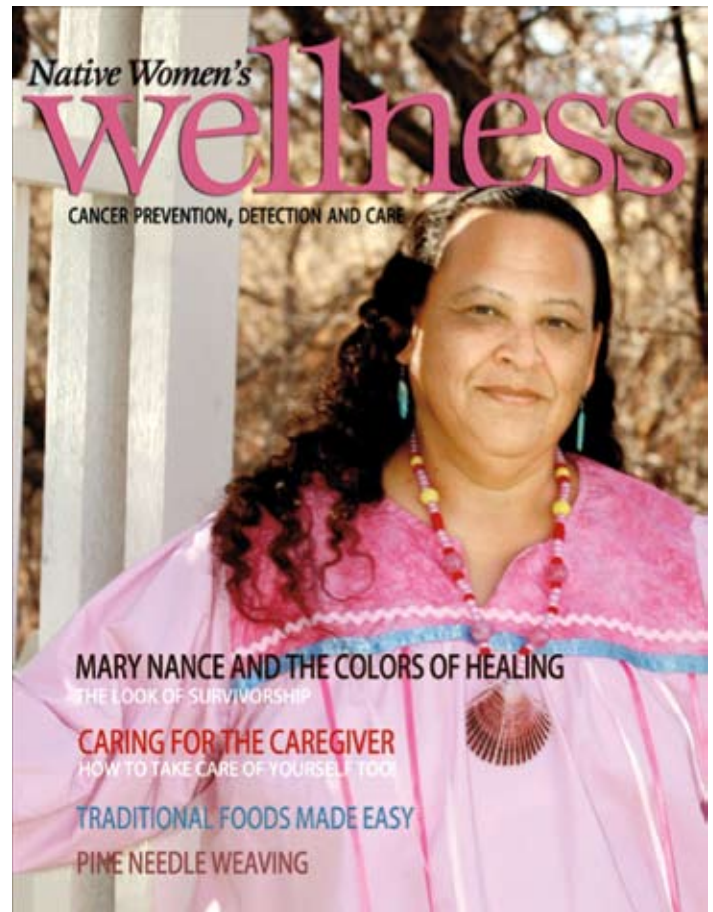
## Announcements/Events:

### New Issue Native Women's Wellness

by Jacqueline Miller

Native American Cancer Research Corporation (NACR) is proud to announce the release of the latest issue of Native Women's Wellness. The focus of this 24-page magazine is on breast and cervical cancer of Native women living in geographically diverse regions of the country. In this issue, five American Indian/Alaska Native women share their personal cancer survivor stories, native women discuss making a difference in screening for cancer in Montana and Arizona, tips on caring for the caregiver of a cancer patient and more.

More than 25 Native women, including cancer survivors, care givers, program managers and Native content reviewers contributed to this issue. We have included cancer terms with pronunciations for quick reference and contact information for the National Breast and Cervical Cancer Early Detection Programs. Native Women's Wellness is a publication edited by Maisie MacKinnon in conjunction with NACR and is funded through a cooperative agreement with the Centers for Disease Control and Prevention [1U57 DP001138]. Copies of this issue are also available on NACR's website at [www.natamcancer.org](http://www.natamcancer.org). For more information, contact Brenda Seals at NACR at 800-537-8295.



## “Walk the Talk” questions

For those of you who are not aware of, or familiar with “Walk the Talk”, this is an activity that the Spirit of EAGLES Operation Director, Paulette Baukol does with the students she works with. Presentations from Dr’s Judith Kaur, Tom Becker, David Perdue, Marilyn Roubidoux, Jeff Henderson and Mike Trujillo are downloaded onto iPods then students will listen to them as they walk. Once finished with their walk students are asked to answer a few questions regarding the presentations they have just heard from the “experts”. Here is a sampling of the questions that the students are asked to complete.

### *Dr. Judith Kaur*

- Breast cancer rates are highest in
  - Colorado
  - North Dakota
  - Alaska
  - Minnesota
- What are the 3 most common cancers in American Indian and Alaskan Native women?
  - Lung, colon, prostate
  - Lung, breast, colon
  - Breast, colon, kidney
  - Cervical, breast, colon

### *Dr. Tom Becker*

- Rates for American Indian women for invasive cervical cancer have historically been
  - The same as Caucasians
  - Double the rate of Caucasians
  - Triple the rate of Caucasians
  - Quadruple the rate of Caucasians
- Risk factors that emerge as importance in the etiology of cervical cancer invasive as well as pre-invasive lesions include
  - Low socio-economic status and large number of recent sex partners
  - Cigarette use and large number of sex partners
  - multiple vaginal deliveries
  - Early age at first intercourse and history of sexually transmitted disease
  - All of the above

### *Dr. David Perdue*

- The most common cancer in the U.S. is
  - Colon
  - Lung
  - Skin
  - Breast
- What percent of colon cancer can be prevented?
  - 76-100%
  - 76-90%
  - 56-76%
  - 56-86%
- Which are risks for colon cancer?
  - Family history
  - Inactivity and obesity
  - Diabetes and poor diet
  - Smoking and heavy alcohol consumption
  - All of the above

### *Dr. Marilyn Roubidoux*

- At age 32, newly divorced and with three children, what did Dr. Roubidoux find herself doing?
  - The hokie pokie
  - Entering medical school
  - Smoking heavily and consuming alcohol
  - All of the above
- What is Dr. Roubidoux’s area of research?
  - Lung cancer
  - Colon cancer
  - Breast cancer
  - Dermatology

### *Dr. Jeff Henderson*

- A baseline study of 16,000 American Indian and Alaska Natives in an effort to examine the relationship between dietary, physical activity, behavioral, and cultural factors and their relationship to the development of cancer and a subset of other chronic diseases is called the
  - WORLD study
  - EARTH study
  - NATIVE study
  - RACIAL study
- Use of traditional healers carries with it the lesser likelihood of being screened for prominent cancers that routine screening is advised for.
  - True
  - False

### *Dr. Mike Trujillo*

- Policies for Native Americans and Alaska Natives need to be culturally appropriate.
  - True
  - False
- Spirit of EAGLES is looking at developing a
  - Health policy work group
  - Regalia work group
  - Tribal work group
  - Community work group that will involve various individuals from across the nation.



*Artwork Designed by: Chholing Taha*

*Save the Date*

**Spirit of EAGLES**

**American Indian/ Alaska Native  
Leadership Initiative on Cancer**

**Eighth National Conference**

**“Changing Patterns of Cancer in Native Communities:  
Strength Through Tradition and Science”**

*September 11-14, 2010*

*Westin Hotel*

*Seattle, WA*

Watch for details coming soon at <http://www.nativeamericanprograms.org/>

**Aims:**

- To provide a forum for community leaders and members, students, researchers, clinicians, service providers and others to address critical cancer issues among Native people.
- To present updates on comprehensive cancer control plans in Native communities.
- To review advances in AIAN cancer research to determine future research priorities, exploring the science of translational research.
- To highlight effective cancer control activities and programs in AIAN communities. (community-focused).
- To highlight the strengths of AIAN traditions in promoting comprehensive cancer prevention and control.
- To publish selected papers presented at the conference to reach a wider audience.

The student portion of the conference will be held September 11-12, 2010. A couple features of the student portion of the conference will include:

- Meet the experts in comp. cancer care
- “Walk the Talk” podcasts

Watch our Website for further information coming soon regarding:

- Registration
- Travel scholarship opportunities
- Call for abstracts

**Spirit of EAGLES**

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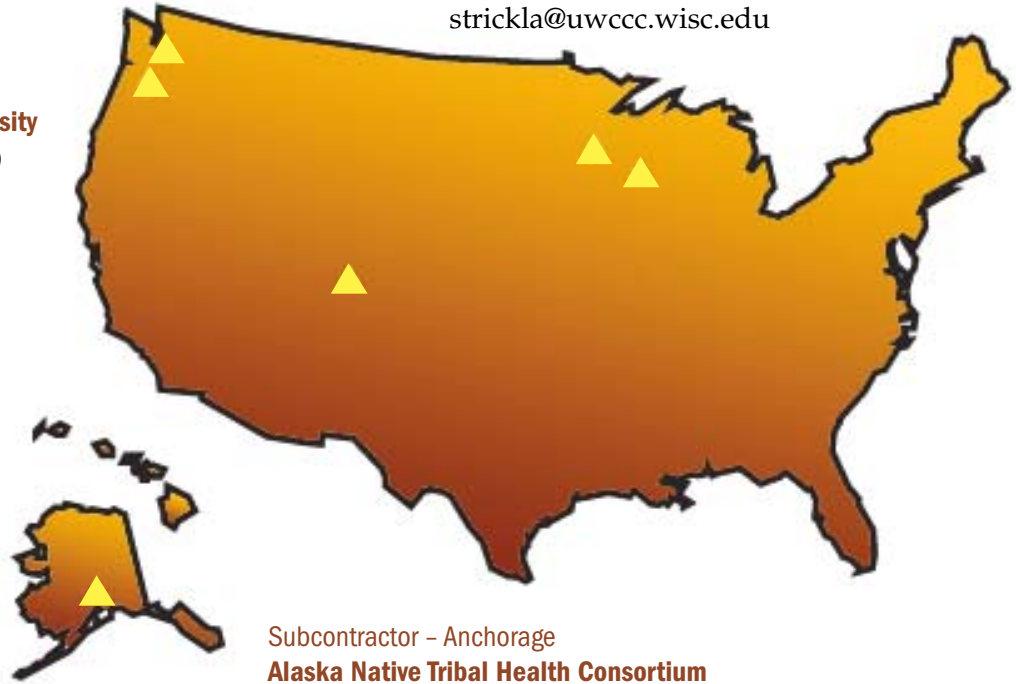
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