Providing Care to American Indians in Rural Minnesota

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Session Objectives

• Increased understanding of tribal sovereignty and how it relates to health care delivery.

• Increased understanding of major health issues for Minnesota American Indians

• Increased understanding of the cancer burden for Minnesota American Indians and the importance of culturally appropriate, evidence based interventions in addressing that cancer burden

• Describe model of successful collaboration between Tribal and non-Tribal entities in addressing the cancer burden in Minnesota American Indians
American Indians In Minnesota

Presence in Minnesota

- AI make up 1.3% of MN population
  - 2.5% of Duluth population
  - 20% of Bemidji population

- 7 Ojibwe tribes in No. MN

- 4 Dakota tribes in So. MN

- Each tribe is a sovereign nation

Lakota and Ojibwe Doctors
Tribal Sovereignty

• Elected ruling body with tribal constitution and all mechanisms of self-governance

• Sovereign to sovereign relationship with state and federal governments and other tribes

• Sovereignty acknowledged by US government in multiple treaties
Health Care for American Indians

Health Service Providers

• Indian Health Service

• Tribal Clinics

• Urban Programs

Leech Lake Diabetes Clinic
Eligibility for Services

• Members of all federally recognized tribes eligible for services offered at I.H.S. facilities and tribal clinics

• Contract Health Service Delivery Areas (CHSDA)

• MDH Sage Program
Community Health Representatives

Nutrition Education at FDL

The CHR Program

• Established in 1968
• Funded through I.H.S.-CHR appropriations
• Community members who act as lay health educators
• Guided by medical professionals
• Wide range of activities
Major Health Issues in American Indians Communities
Major Health Issues Affecting MN American Indians (AI)

- AI Health Disparities
- Interrelated Health Issues
  - Smoking
  - Obesity
  - Lifestyle: Diet and Exercise
  - Diabetes
  - Heart Disease
  - Cancer
Health Disparities

Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

~ National Institutes of Health (NIH)
Smoking

• Smoking contributes to multiple health issues including diabetes, cardiovascular and respiratory issues, and cancer
• In 2011, 31.5% of American Indians/Alaskan Natives (AI/AN) smoked cigarettes compared to 19.0% of U.S. population as a whole
• Northern Plains and Alaskan Natives have highest smoking rates in US, above 40%
Obesity

• American Indians have high rates of obesity
• Obesity linked to multiple health problems including diabetes, heart disease and cancer
Life Style

• Significant changes since colonization
  – Lean game and fresh produce replaced by diet high in animal fats and low in fresh fruits and vegetables
  – Lack of regular physical/outdoor activity

• Obesity

• Cultural traditions include food
  – Feasts were rare but are now common

• Alcohol abuse
Diabetes

• AI/AN are 2.2 times more likely than NHWs to have diabetes
• In 2004, AI/AN were 3 times more likely to die of diabetes than the U.S. population as a whole
Heart Disease

- Heart disease is the leading cause of death for AI/AN nationwide
- AI/AN more likely than Black, Hispanic or Asians to be diagnosed
- AI/AN die from heart disease at a younger age than other racial groups
Cancer

• Cancer is the leading cause of death in MN AI
• MN AI have 2x the cancer rates of AI in other parts of the U.S.
• Smoking, obesity and diabetes contribute to these high cancer rates
MN American Indians and Cancer
CHSDA Data vs. State Data

• In 2011 MN Cancer Facts & Figures began presenting AI cancer data in two ways
  – CHSDA—counties that are part of or contiguous to a reservation
  – Statewide

• CHSDA rates are higher
MN American Indian Cancer Burden

Geography

- AI/AN Cancer rates vary by region in U.S.
- MN is one of the Northern Plains tribes which has the highest overall cancer incidence and mortality in the U.S.

Physiology
Lung Cancer in MN American Indians

• 85 – 90% of lung cancers caused by cigarette smoking
• AI men and women in CSHDA counties have highest lung cancer rates in MN
• AI men and women statewide have second highest rates in MN
• Mortality rate is 2 to 3 times higher than NHW of same gender
Colon Cancer in MN American Indians

- MN AI living in CSHDA counties are 2.3 times more likely to be diagnosed with CRC as AI in U.S. as a whole
- AI men living in CHSDA counties are 85% more likely than NHW men to be diagnosed
- Late stage diagnosis is more common
Breast Cancer in MN American Indians

• AI women in CSHDA counties have the second highest incidence rate in MN
• AI women statewide have the fourth highest incidence rate
• CHSDA mortality is fourth in MN
• Statewide mortality is fifth
Cervical Cancer in MN American Indians

- Cervical cancer is caused by the HPV virus
- Cervical cancer risk is increased by smoking
- AI women in CHSDA counties have the highest incidence
- Statewide incidence rate is 4th
Prostate Cancer in MN American Indians

• African American men are most likely to be diagnosed with and die from prostate cancer
• NHW and AI men have very similar rates and rank 2\textsuperscript{nd} and 3\textsuperscript{rd} in incidence and mortality
• Additional studies are being conducted on prostate cancer and AI men
Other Cancers in MN American Indians

- Stomach
- Kidney
- Liver
Tribal Readiness to Address Cancer: A Continuum

Fond du Lac Wiidookaage Cancer Program

Special Thanks to Brandie Buckless of the American Indian Cancer Foundation for her contribution to this section of the presentation.
Why a Fond du Lac Cancer Program?

- Anecdotal knowledge of cancer burden
  - Diagnosis and treatment off site
  - People reluctant to speak of cancer
- **2002**: CDC expanding Comp Cancer Program
- **2002**: ACS Relay for Life catalyst for cancer discussion
- **2003**: CDC funding for FDL Cancer Program
  - Bringing together multiple stakeholders
  - Without funding, FDL could not have a cancer program
Fond du Lac Cancer Plan

- Data/Cancer Registry
- Prevention
- Early Detection
- Palliative Care and End of Life Care
- Survivorship
- Caregivers
- Evaluation
FDL Wiidookaage Cancer Team

- “They Help Each Other”
- Internal and external partners
  - FDL HHS departments
  - Local, state and federal agencies
  - Organizations from across Indian Country
- Education and networking
- Selecting plan priorities
FDL Cancer Program Evolution

- **2004**: Circle of Life implemented by CHR
- **2007**: Funding for new 5 year cycle
  - Cancer Program Grant Manager
  - Cancer Program Outreach Worker
  - Cancer Program Health Educator
- **2007**: Partners with ACS on CDC-funded redesign of Circle of Life
  - Cancer Types
  - Cancer Treatment
  - Health Habits
  - Caregiver Support
FDL Community Cancer Awareness

• Awareness increased on multiple levels
  – CHR provided cancer education during transport
  – CPOW provided one to one cancer education
  – Public events like Relay for Life

• **Result:** Community members became more comfortable talking with friends, family and healthcare providers about cancer
Individual Barriers for MN AI

- Low awareness of cancer risks
- Low awareness of screening options
- Distrust of medical systems and research
- Fear of screening tests or results
- Health beliefs that may conflict with prevention practices
System Barriers for MN AI

• Underfunded urban and tribal health systems
• Lack of accurate population-specific data
• High rates of poverty
• Poor access to health care due to low rates of health insurance
• Limited availability of prevention programs, cancer screening and specialist care
Cultural Barriers for MN AI

- Role of family elders in making health decisions
- Women sacrifice their own well-being for good of family
- Self-effacement
- Modesty
- Beliefs about the physical body
- Illness can be very secretive
- Speaking of cancer may cause it to enter the body
Evidence-Based Practices

- Grant funding dependent on use of evidence-based practices
- Two major sources
  - The Community Guide (CDC)
  - United States Preventative Services Task Force (governs I.H.S.)
- Evidence-based practices documented in multiple publications
Partnering with Minnesota Tribes

American Cancer Society
Health Equity Department
Why a Health Equity Department?

• Communities of color have unfair cancer burden
• United Way 2 year grant for outreach to underserved population in Twin Cities
• ACS continued and expanded program
• **2006:** Staff dedicated to work with tribes in No. MN
• Focus on prevention and early detection
Community Education

Education Programs

- Breast and cervical cancer education and screening promotion
- Colorectal cancer education for men and women
- Men’s health events

Mille Lacs Men’s Health Supper
Screening Promotion

Screening Activities

• Partnership with Shakopee Mobile Mammography Unit at No. MN Tribes
• Partnership with MDH, Sanford Bemidji and multiple tribes to promote Sage Scopes colorectal screening program
• Clinic-based education and screening incentive programs

Shakopee Mobile Unit
Education for CHRs

Ongoing Activities

• Partnership with MDH, FDL, Sanford Health, others to provide Cancer in Your Community Trainings in Duluth and Bemidji

• Circle of Life Regional Trainings in Duluth and Bemidji, and for individual tribes

• Bi-monthly professional development calls

Cancer Education in Bemidji
Supporting Circle of Life

Circle of Life Programs

- Fond du Lac
- White Earth
- Bad River
- Red Cliff
- Lac Courte Oreilles
- St. Croix

COL Training in Atlanta
FDL Comprehensive Cancer Program

Wiidookaage Cancer Team

• ACS was first non-FDL team member
• Participates in meetings
• Works with staff on multiple projects
• Learning assisted work with other tribes

Celebrating Cancer Prevention
Partnership with Clinics

• Promote the development of policies and practices that encourage timely and age appropriate screenings be offered to all patients
• Provide tool kits
• Provide staff trainings
• Provide screening incentives
Relay for Life

Participate in Relay for Life

- Support Relay for Life events at tribes
- Partnered with FDL on 2 Bark for Life events (team fundraisers prior to Relay)

Bark for Life