



Poll Everywhere for Q&A
[pollev.com/unclcn](https://poll-ev.com/unclcn)

Upcoming Live Webinars
learn.unclcn.org/live

For technical difficulties
 (919) 445-1000
unclcn@unc.edu

Sound Check



Start Time



Contact UNCLCN

Phone:
 (919) 445-1000
 Email:
unclcn@unc.edu
 Website:
unclcn.org

This program co-provided with
 UNC Digital and Lifelong Learning

1

POLL EVERYWHERE

Join by Web



- 1 Go to PollEv.com
- 2 Enter UNCLCN
- 3 Respond to activity

2

TO CLAIM CE CREDIT

To claim CE credit

- View 50 minutes or more
- Fill out an evaluation and select a certificate
- Claim credit within seven days

The following do NOT qualify for CE credit:

- **Joining Zoom using Phone audio only**
(using the Zoom Android or iPhone app is fine)
- **Watching with MediaSite**

3

AFTER THE WEBINAR

*To collect CE Credit,
please wait for UNCLCN
to end the Zoom video.*

The Learning Portal only
receives Zoom attendance data
after the Zoom video has ended.



4

SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP

May 3, 2023

Partnership for Native American Cancer Prevention



Francine C. Gachupin, PhD, MPH



These webinars are a collaboration between



5

OUR PRESENTER



Francine C. Gachupin,
PhD, MPH

Francine C. Gachupin, PhD, MPH, is an Associate Professor, Department of Family and Community Medicine, College of Medicine, University of Arizona. Dr. Gachupin is a tribal member of the Pueblo of Jemez in New Mexico. She received her Doctorate from the University of New Mexico and her Master of Public Health in Epidemiology from the University of Washington. Dr. Gachupin is currently involved with the University of Arizona Cancer Center (UACC) Partnership for Native American Cancer Prevention (NACP) and works with Dr. Ken Batai, Roswell Park Comprehensive Cancer Center, on renal cell carcinoma health disparities. On the NACP grant, Dr. Gachupin is the UACC PI and NACP Outreach Core PI. The goal of the NACP is to alleviate the unequal burden of cancer among Native Americans of the Southwest through research, training, and community outreach programs in collaboration with tribal communities.

6

OUR PRESENTER

7

OUR PRESENTER

5. Associate Professor, Department of Family and Community Medicine, College of Medicine, University of Arizona

8

OUR PRESENTER

- 5.** Associate Professor, Department of Family and Community Medicine, College of Medicine, University of Arizona
- 4.** Received her Doctorate from the University of New Mexico and her Master of Public Health in Epidemiology from the University of Washington

OUR PRESENTER

- 5.** Associate Professor, Department of Family and Community Medicine, College of Medicine, University of Arizona
- 4.** Received her Doctorate from the University of New Mexico and her Master of Public Health in Epidemiology from the University of Washington
- 3.** Tribal member of the Pueblo of Jemez in New Mexico

OUR PRESENTER

- 5.** Associate Professor, Department of Family and Community Medicine, College of Medicine, University of Arizona
- 4.** Received her Doctorate from the University of New Mexico and her Master of Public Health in Epidemiology from the University of Washington
- 3.** Tribal member of the Pueblo of Jemez in New Mexico
- 2.** Involved with the University of Arizona Cancer Center (UACC) Partnership for Native American Cancer Prevention (NACP)

11

OUR PRESENTER

- 5.** Associate Professor, Department of Family and Community Medicine, College of Medicine, University of Arizona
- 4.** Received her Doctorate from the University of New Mexico and her Master of Public Health in Epidemiology from the University of Washington
- 3.** Tribal member of the Pueblo of Jemez in New Mexico
- 2.** Involved with the University of Arizona Cancer Center (UACC) Partnership for Native American Cancer Prevention (NACP)
- 1.** Dr. Gachupin is the UACC PI and NACP Outreach Core PI.

12

Respond at [PollEv.com/unclcn](https://poll-ev.com/unclcn)

Text **UNCLCN** to **22333** once to join, then **A or B**


UNC LINEBERGER COMPREHENSIVE
 CANCER CENTER
 UNC Lineberger Cancer Network

The goal of the Partnership for Native American Cancer Prevention (NACP) is to alleviate the unequal burden of cancer among Native Americans of the Southwest through research, training, and community outreach programs.

True

A

False

B

Powered by  **Poll Everywhere**

13

DISCLOSURES

This activity has been planned and implemented under the sole supervision of the Course Director, William A. Wood, MD, MPH, in association with the UNC Office of Continuing Professional Development (CPD). The course director and CPD staff have no relevant financial relationships with ineligible companies as defined by the ACCME.

The University of North Carolina at Chapel Hill is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

A potential conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which he/she has a financial relationship. The speakers and planners of this learning activity have not disclosed any relevant financial relationships with any commercial interests pertaining to this activity.

The presenter has no relevant financial relationships with ineligible companies as defined by the ACCME.


14

When poll is active, respond at pollev.com/unclcn
Text **UNCLCN** to **22333** once to join

UNC LINEBERGER COMPREHENSIVE
CANCER CENTER
UNC Lineberger Cancer Network

The goal of the Partnership for Native American Cancer Prevention (NACP) is to alleviate the unequal burden of cancer among Native Americans of the Southwest through research, training, and community outreach programs.

True
False

Powered by  Poll Everywhere


Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

15

Partnership for Native American Cancer Prevention

Francine C. Gachupin, PhD, MPH
Associate Professor, Department of Family and Community Medicine
College of Medicine - Tucson
University of Arizona

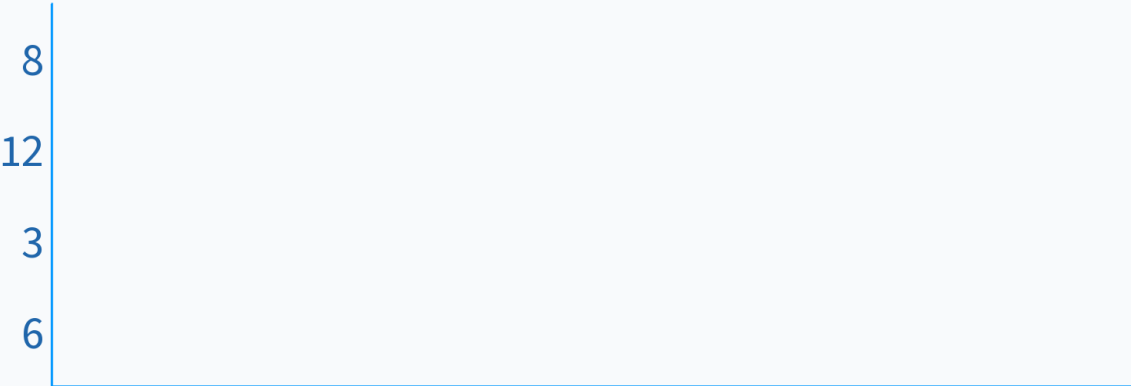
16




UNC LINEBERGER COMPREHENSIVE
CANCER CENTER

UNC Lineberger Cancer Network

How many Tribes are in North Carolina?



Powered by  Poll Everywhere


Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

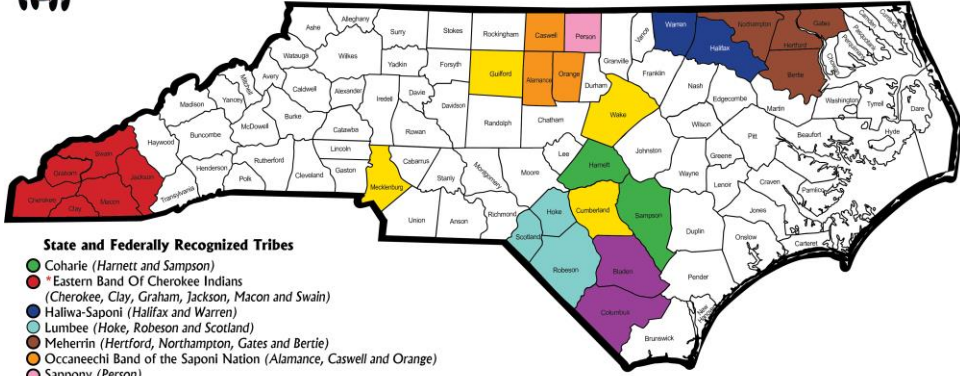
17

North Carolina recognizes 8 tribes: Coharie, Lumbee, Meherrin, Occaneechi Saponi, Haliwa Saponi, Waccamaw Siouan, Sappony, and the Eastern Band of Cherokee. We honor and respect the diverse Indigenous peoples connected to this territory on which we gather.

N.C. COMMISSION OF INDIAN AFFAIRS

N.C. TRIBAL AND URBAN COMMUNITIES





State and Federally Recognized Tribes

- Coharie (*Harnett and Sampson*)
- * Eastern Band Of Cherokee Indians (*Cherokee, Clay, Graham, Jackson, Macon and Swain*)
- Haliwa-Saponi (*Halifax and Warren*)
- Lumbee (*Hoke, Robeson and Scotland*)
- Meherrin (*Hertford, Northampton, Gates and Bertie*)
- Occaneechi Band of the Saponi Nation (*Alamance, Caswell and Orange*)
- Sappony (*Person*)
- Waccamaw Siouan (*Bladen and Columbus*)
- * Federally Recognized

Urban Indian Organizations
(Holding membership on the NC Commission of Indian Affairs):

- Cumberland County Association for Indian People
- Guilford Native American Association
- Metrolina Native American Association
- Triangle Native American Society

Areas in Color indicate counties where the eight Recognized Tribes of North Carolina reside.

Counties in yellow (Mecklenburg, Guilford, Cumberland and Wake) Location of American Indian Associations

Map published by the North Carolina Commission of Indian Affairs. 2020

18

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally-recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.



<https://naair.arizona.edu/> UA Native American Advancement, Initiatives & Research

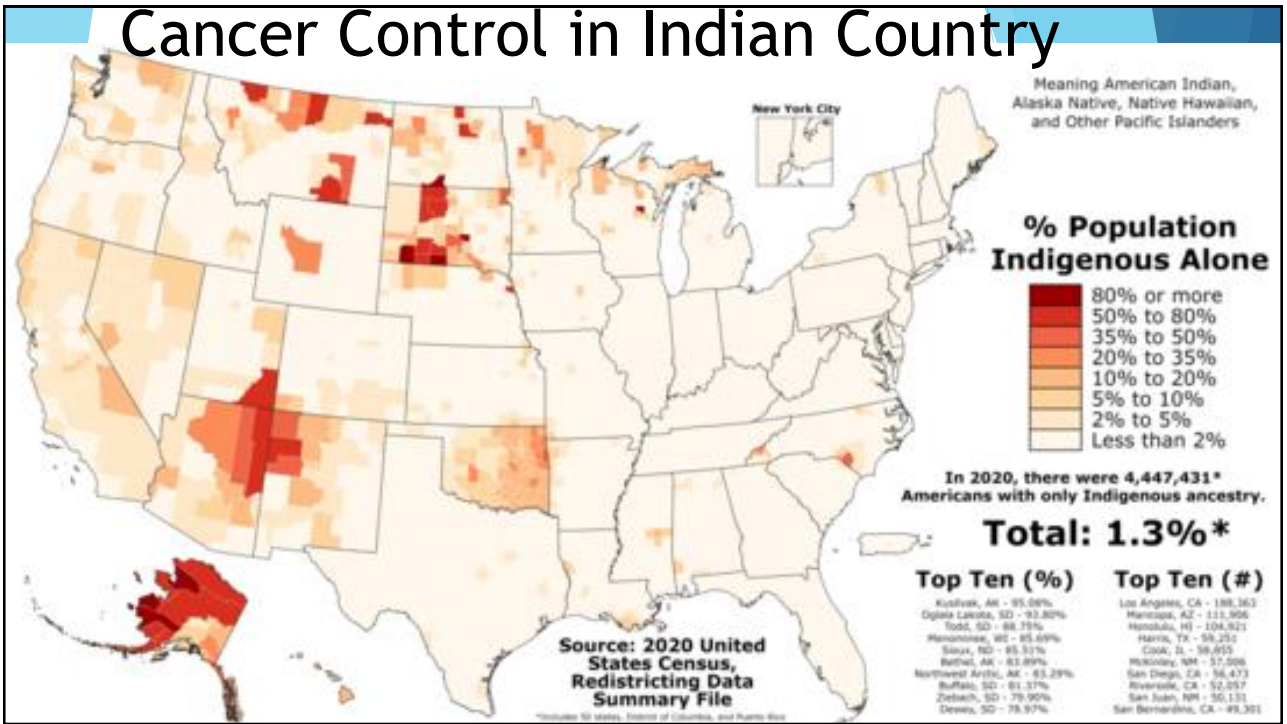
19

Partnerships with Native Americans for Cancer Prevention and Control

Presentation Overview

- ▶ Showcasing of Indian Country - Indian Health Service and/or National Institutes of Health and/or Centers for Disease Control and Prevention Initiatives
- ▶ American Indian/Alaska Native Cancer Health Disparities
- ▶ Considerations when working with American Indian / Alaska Native peoples

20



21

IHS and/or NIH and/or CDC

Tribal-Based Epidemiology Centers

- ▶ Racial misclassification
- ▶ Denominators

Jim, M. A., Arias, E., Seneca, D. S., Hoopes, M. J., Jim, C. C., Johnson, N. J., & Wiggins, C. L. (2014). Racial misclassification of American Indians and Alaska Natives by Indian Health Service contract health service delivery area. *American journal of public health, 104*(S3), S295-S302.

TRIBAL EPIDEMIOLOGY CENTERS Regional Locator Map

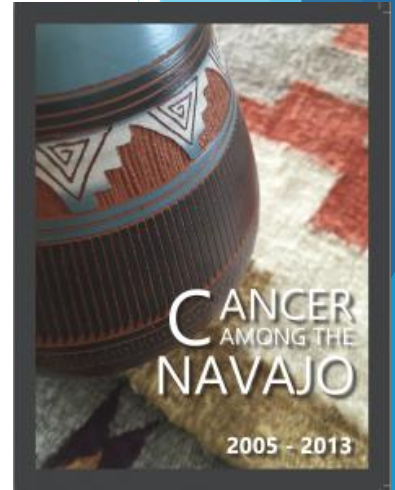
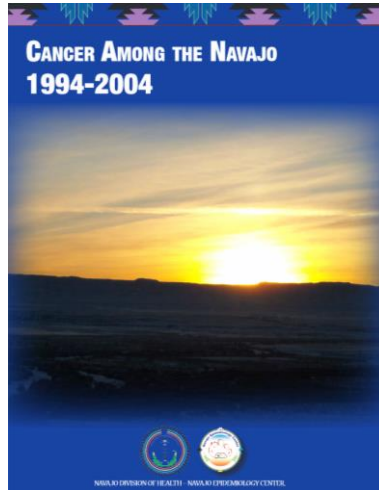
22

IHS and/or NIH and/or CDC

Tribal-Based Epidemiology Centers

- ▶ Racial misclassification
 - ▶ Denominators
- ▶ Cancer surveillance

Carmack AM, Schade TL, Sallison I, Provost EM, Kelly JJ. Cancer in Alaska Native People: 1969 – 2013, The 45 Year Report. Anchorage, AK: Alaska Native Tumor Registry, Alaska Native Epidemiology Center, Alaska Native Tribal Health Consortium 2015.



<https://nec.navajo-nsn.gov/Epi-Reports>

<http://www.anthctoday.org/epicenter/antr/index.html>

23

IHS and/or NIH and/or CDC

Tribal-Based Epidemiology Centers

- ▶ Racial Misclassification
 - ▶ Denominators
- ▶ Cancer Surveillance
- ▶ Cancer Cluster Analysis
- ▶ Comprehensive Cancer Control programs
- ▶ Provider and Navigator Trainings
- ▶ Primary Prevention

<https://tribalepicenters.org/>



24

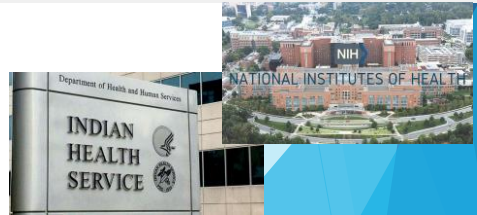
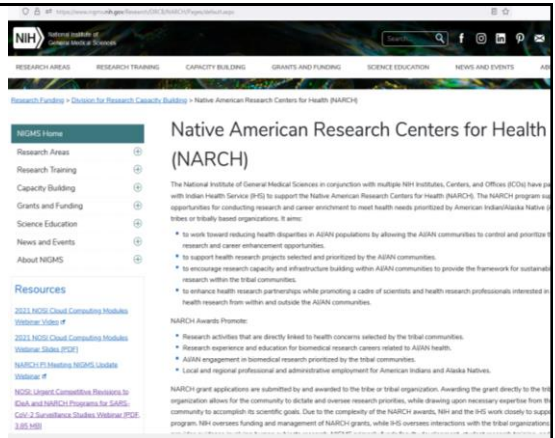
IHS and/or NIH and/or CDC

Tribal-Based Epidemiology Centers

- ▶ Racial Misclassification
 - ▶ Denominators
- ▶ Cancer Surveillance
- ▶ Cancer Cluster Analysis
- ▶ Comprehensive Cancer Control programs
- ▶ Provider and Navigator Trainings
- ▶ Primary Prevention

Native American Research Centers for Health

- ▶ Tribal Researchers' Cancer Control Fellowship Program, N=174
- ▶ Summer Research Training Program, N=1,097
- ▶ Graduate Students, N=196
- ▶ Environmental exposures
- ▶ Tobacco cessation, secondhand smoke exposure in children
- ▶ H. pylori
- ▶ HPV
- ▶ Research Review Committees



<https://www.nigms.nih.gov/Research/DRCB/NARCH/Pages/default.aspx>

25

IHS and/or NIH and/or CDC



Intervention Research to Improve Native American Health

- ▶ Promoting Indigenous Research Leadership (PIRL)
- ▶ Health Promotion & Primary Prevention




<https://cancercontrol.cancer.gov/native-american-intervention>

26

Partnerships to Advance Cancer Health Equity (PACHE)

Center to Reduce Cancer Health Disparities (CRCHD)



The PACHE Program is designed to:

- Increase the participation of institutions serving underserved health disparate populations and underrepresented students in cancer research and research training.
- Increase the involvement and effectiveness of NCI-designated Cancer Centers in developing effective research, education and outreach programs to encourage diversity and to reduce cancer health disparities.


Partnerships to Advance Cancer Health Equity (PACHE) by Geographic Management of Cancer Health Disparities Program (GMAP) Regions

KEY


- Region 1 North
- Region 1 South
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- 📍 U54 Partnership
- 📍 P20 Partnership

27

Partnership for Native American Cancer Prevention, 2002 -




Full & Pilot Cancer Projects (N=33)



58 Investigators; 9 AI/AN
Francine Gachupin, Jemez Pueblo, UA, & Jani Ingram, Navajo, NAU, contact MPIs

OUTREACH

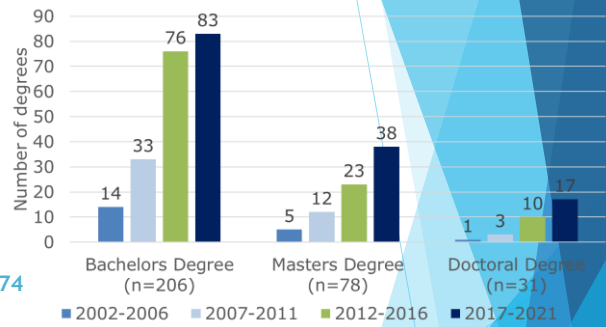


Indigenous Cancer Prevention (ICP) webinars reached over 574 people, 30 states


Community Dissemination & Application Training resulted in a well woman video reaching 349 people

Taking Care of Us Podcast 4 episodes

RESEARCH EDUCATION



Degree Type	2002-2006	2007-2011	2012-2016	2017-2021
Bachelors Degree (n=206)	14	33	76	83
Masters Degree (n=78)	5	12	23	38
Doctoral Degree (n=31)	1	3	10	17



UACC: U54CA143924; NAU U54CA143925
<https://in.nau.edu/nacp/>

28

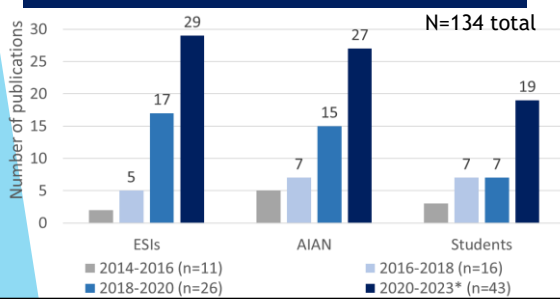
Partnership for Native American Cancer Prevention, 2002 -



CURRENTLY FUNDED RESEARCH

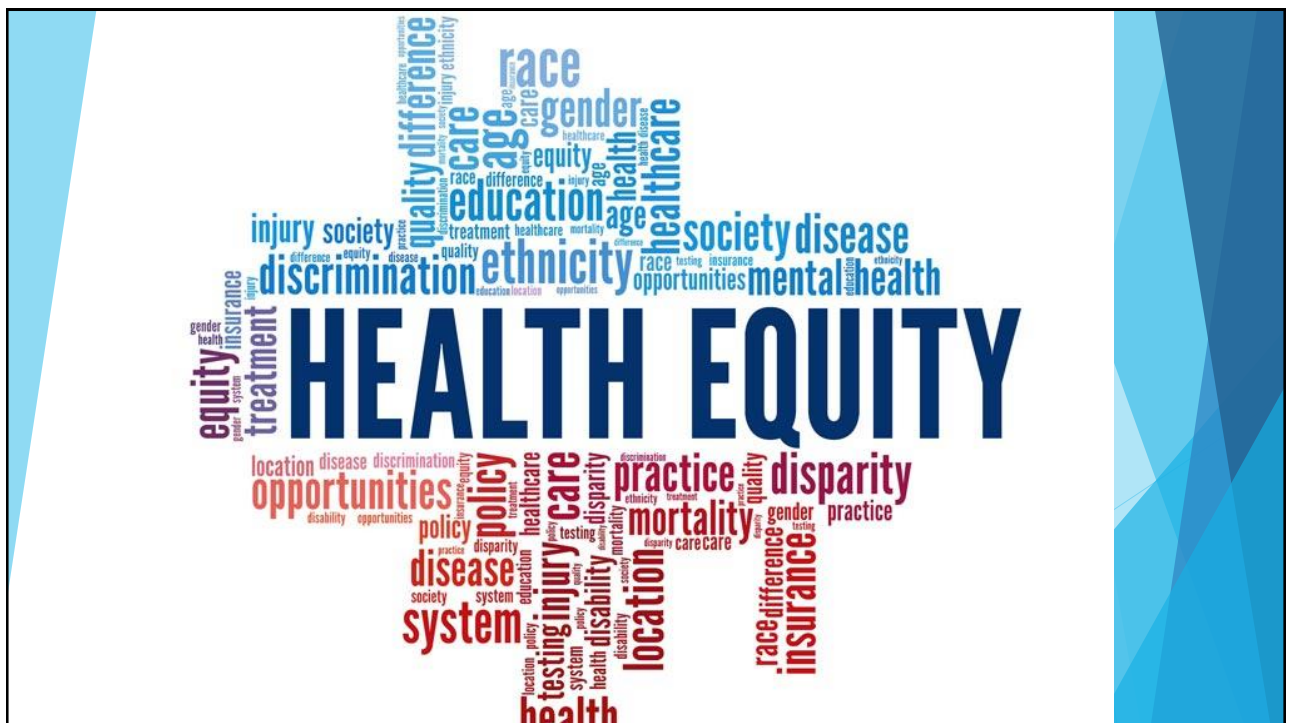
- Exploring Native American **Cervical Cancer** Disparities through the Lens of the Vaginal Microbiome
 - Melissa Herbst-Kralovetz, Naomi Lee, & Greg Caporaso
- Addressing **H. pylori** heath disparities by evaluating the role of the GI microbiome on inflammation and H. pylori colonization in patients on the Navajo Nation
 - Juanita Merchant & Erik Settles
- Advancing **Liver Cancer** Prevention for Arizona Indian Communities
 - David Garcia & Priscilla Sanderson
- Enhanced My Health My Choice to Promote **Breast & Cervical Cancer** Care for Native American Women with Disabilities
 - Julie Armin & Heather Williamson

RESEARCH



<https://in.nau.edu/nacp/>

29



30

American Indians/Alaska Natives

MORTALITY DISPARITY RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area
2009-2011 and U.S. All Races 2010
(Age-adjusted mortality rates per 100,000 population)


- 574 Federally recognized tribes
- 5.2M American Indians and Alaska Natives
- Lower life expectancy
 - 65.2 years vs. 76.4 years for U.S. All races
 - Decline by 6.5 years due to the COVID-19 pandemic
- Disproportionate disease burden
- Inadequate education
- Disproportionate poverty
- Discrimination
- Poorer social conditions
- Economic adversity
- Higher mortality rates compared to U.S. All Races for
 - Chronic liver disease
 - Chronic lower respiratory diseases
 - Cirrhosis
 - Diabetes
 - Assault/homicide
 - Intentional self-harm/suicide
 - Unintentional injuries

	AI/AN Rate 2009-2011	U.S. All Races Rate – 2010	Ratio: AI/AN to U.S. All Races
ALL CAUSES*	999.1	747.0	1.3
Diseases of the heart (heart disease)	194.1	179.1	1.1
Malignant neoplasm (cancer)	178.4	172.8	1.0
Accidents (unintentional injuries) [†]	93.7	38.0	2.5
Diabetes mellitus (diabetes)	66.0	20.8	3.2
Alcohol-induced	50.5	7.6	6.6
Chronic lower respiratory diseases	46.6	42.2	1.1
Cerebrovascular disease (stroke)	43.6	39.1	1.1
Chronic liver disease and cirrhosis	42.9	9.4	4.6
Influenza and pneumonia	26.6	15.1	1.8
Drug-induced	23.4	12.9	1.8
Nephritis, nephrotic syndrome (kidney disease)	22.4	15.3	1.5
Intentional self-harm (suicide)	20.4	12.1	1.7
Alzheimer's disease	18.3	25.1	0.7
Septicemia	17.3	10.6	1.6
Assault (homicide)	11.4	5.4	2.1
Essential hypertension diseases	9.0	8.0	1.1

* Unintentional injuries include motor vehicle crashes.
NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native alone; 2010 census with bridge-race categories.

October 2019

<https://www.ihs.gov/newsroom/factsheets/disparities/>
<https://www.cdc.gov/cancer/dcpc/research/articles/cancer-AIAN-US.htm>



UNC LINEBERGER COMPREHENSIVE
CANCER CENTER


UNC Lineberger Cancer Network

Which cancers are higher in incidence for American Indians?

Breast, Prostate,
Colorectal

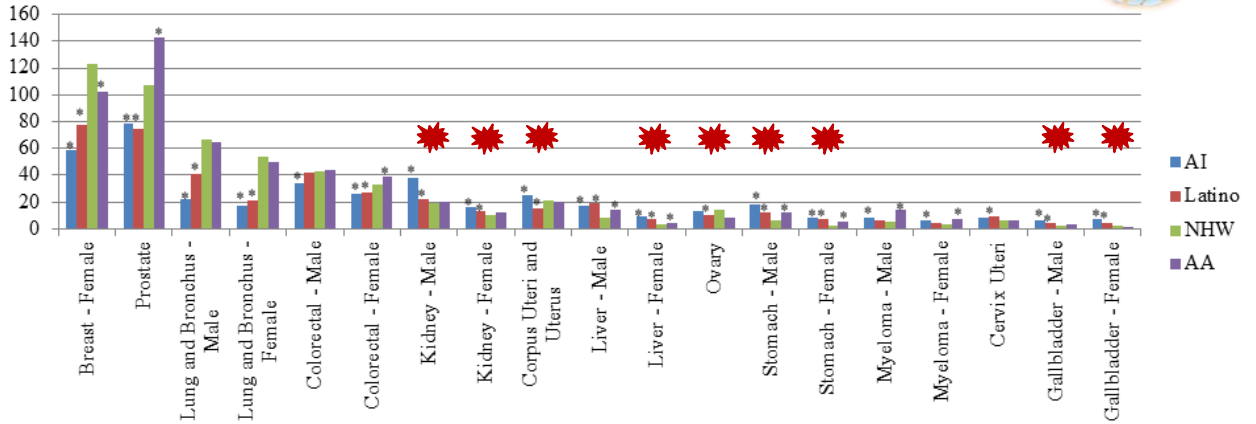
Kidney, Ovary, Stomach,
Corpus Uteri and Uterus,
Gallbladder, Liver

Lung and bronchus,
Liver, Myeloma

Powered by  Poll Everywhere

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Age-adjusted Cancer Incidence Rates, 2004 - 2013, Arizona

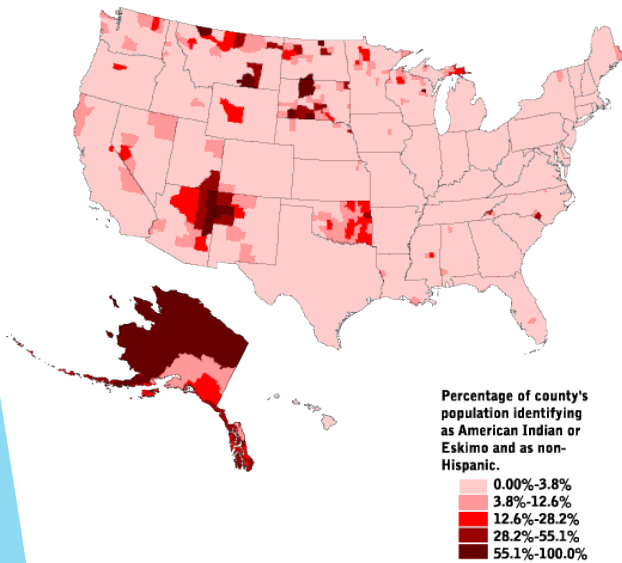


*Indicates statistically significant different incidence rate compared to Non-Hispanic Whites (NHW)
 *Indicates higher incidence rate for American Indians compared to Latino, NHW, and African Americans (AA)

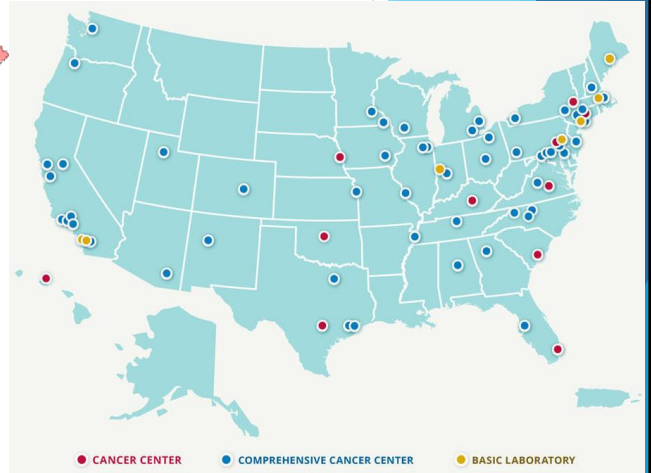
Batai K, Gachupin FC, Estrada AL, Garcia DO, Gomez J, Kittles RA. (2018) Patterns of Cancer Related Health Disparities in Arizona. *Cancer Health Disparities* 2:e1-e20. doi:10.9777/chd.2018.10019.

33

American Indians and Alaska Natives



Cancer Centers

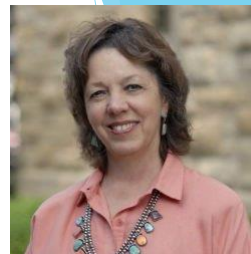


34

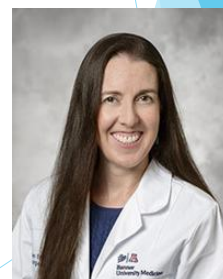
Cancer Centers and Oncologists



James Hampton, MD
1931 - 2022



Judith Kaur, MD



Jennifer Erdrich, MD

35

Kidney Cancer Disparities Research and Training

- Batai K, Harb-De la Rosa A, Zeng J, Chipollini JJ, Gachupin FC, Lee BR. **Racial/ethnic disparities in renal cell carcinoma: Increased risk of early-onset and variation in histologic subtypes.** *Cancer Medicine*, 2019;00:1-9. doi: 10.1002/cam4.2552.
- Quinonez-Zanabria E, Valencia CI, Asif W, Zeng J, Wong AC, Cruz A, Chipollini J, Lee BR, Gachupin FC, Hsu C, Batai K. **Racial and Ethnic Disparities in Preoperative Surgical Wait Time and Renal Cell Carcinoma Tumor Characteristics.** *Healthcare*. 2021;9(9):1183. doi.org/10.3390/healthcare9091183
- Valencia CI, Asmar S, Hsu C, Gachupin FC, Wong AC, Chipollini J, Lee BR, Batai K. **Renal Cell Carcinoma Health Disparities in Stage and Mortality among American Indians/Alaska Natives and Hispanic Americans: Comparison of National Cancer Database and Arizona Cancer Registry Data.** *Cancers* 2021;13:990. doi.org/10.3390/cancers13050990
- Cruz A, Dickerson F, Pulling KR, Garcia K, Gachupin FC, Hsu CH, Chipollini J, Lee BR, Batai K. **Impacts of Neighborhood Characteristics and Surgical Treatment Disparities on Overall Mortality in Stage I Renal Cell Carcinoma Patients.** *Int J Environ Res Public Health*. 2022 Feb 12;19(4):2050. doi:10.3390/ijerph19042050
- ★ Gachupin FC, Lee BR, Chipollini J, Pulling KR, Cruz A, Wong AC, Valencia CI, Hsu C, Batai K. **Renal Cell Carcinoma Surgical Treatment Disparities in American Indian/Alaska Natives and Hispanic Americans in Arizona.** *Int J Environ Res Public Health*. 2022; 19:1185. doi.org/10.3390/ijerph19031185



Benjamin Lee, MD



Juan Chipollini, MD



Ken Batai, PhD

March is Kidney Cancer Awareness Month!

NCI R21CA248361

36

Clinical Trial Issues and Considerations

- ▶ Trial Demystification
 - ▶ Community-based engagement
 - ▶ Ongoing
- ▶ Training in clinical trial research
 - ▶ Providers
 - ▶ Review committees
- ▶ Clinical Trial Requirements
 - ▶ Double-blind
 - ▶ Research vs Treatment
- ▶ Systems of Care
 - ▶ Referred Care
 - ▶ Indian Health Service
 - ▶ Tribally-run Health Care
 - ▶ Urban Health Care
 - ▶ Continuity of care
 - ▶ Communications between services
 - ▶ Financial coverage
- ▶ Burden of Trial Requirements
 - ▶ Distance, scheduling
- ▶ Investigators and funders invest in trust and care
 - ▶ Collaborative partnerships
- ▶ Informed Consent
 - ▶ Long, technical documents
 - ▶ Lack of advocate
- ▶ Biospecimen Use
 - ▶ Storage
 - ▶ Secondary Uses
 - ▶ Destruction
- ▶ Biospecimens in Tribally-owned banks
 - ▶ Native BioData Consortium
- ▶ Privacy
 - ▶ Holistic Approaches
 - ▶ Traditional Healing
- ▶ Access to chemotherapy medications, not contingent on trial

<https://nativebio.org/>



37

Native Partnership Considerations



38

THE WHITE HOUSE  The Administration

Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships

JANUARY 26, 2021 • PRESIDENTIAL ACTIONS

January 26, 2021

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Tribal Consultation and Strengthening Nation-to-Nation Relationships


American Indian and Alaska Native Tribal Nations are sovereign governments recognized under the Constitution of the United States, treaties, statutes, Executive Orders, and court decisions. It is a priority of my Administration to

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/26/memorandum-on-tribal-consultation-and-strengthening-nation-to-nation-relationships/>

39

Research Considerations

- Research trauma
- Protection considerations extend beyond participants
- Family and community protections
- Tribal Sovereignty in data ownership
- Harms and benefits assessment, inclusive of Native perspectives
- Diversity of Tribes and Urban Natives



40

<https://americanindiancenter.unc.edu/>

41

Native Peoples Technical Assistance Office

Arizona Tribes & Research Policies

[NPTAO](#) has worked with many Native Nations across the state of Arizona to obtain copies of the most up-to-date policies and protocols that control research processes and outline procedures for conducting research. Where possible, they are provided here. In cases where no written policies exist, decision-making power vested with Native Nations to allow research activities within reservation boundaries may be found in a Tribe's constitution, also provided below when possible. To view a Tribe's community profile, current leadership roster, current census-based snapshot, and any available relevant guidelines/policies, click on the Tribe name below or in our [interactive map](#).

[Ak-Chin Indian Community](#)

[Cocopah Tribe](#)

[Colorado River Indian Tribes](#)

[Fort McDowell Yavapai Nation](#)

[Fort Mojave Indian Tribe](#)

[Fort Yuma-Quechan Tribe](#)

[Gila River Indian Community](#)

[Havasupai Tribe](#)

[Hopi Tribe](#)

[Hualapai Tribe](#)

[Kaibab Band of Paiute Indians Tribe](#)

[Navajo Nation](#)

[Pascua Yaqui Tribe](#)

[Pueblo of Zuni](#)

[Salt River Pima-Maricopa Indian Community](#)

[San Carlos Apache Tribe](#)

[San Juan Southern Paiute Tribe](#)

[Tohono O'odham Nation](#)

[Tonto Apache Tribe](#)

[White Mountain Apache Tribe](#)

[Yavapai-Apache Nation](#)

[Yavapai-Prescott Indian Tribe](#)



THE UNIVERSITY OF ARIZONA

RII: Native Peoples Technical Assistance Office (NPTAO), <https://naair.arizona.edu/about/nptao>

42


U
N
C
L
I
N
E
B
E
R
G
E
R
C
A
N
C
E
R
N
E
T
W
O
R
K

R
I
C
H
S
I
O
P
R
O
G
R
A
M

S
U
P
P
O
R
T
I
N
G
T
H
E
A
R
T
A
N
D
C
H
E
A
L
T
H


F
O
R
M
O
S
I
T
Y

INDIGENOUS CANCER PREVENTION WEBINAR SERIES



Cancer Lifeline: A Cancer Support Resource


April 5, 2023, 1:00 PM (AZ)
Register here: <https://tinyurl.com/uanaqpl6>



Joseph Yurgeulich


Joseph Yurgeulich, Executive Director, Cancer Lifeline, has over 15 years of experience with Cancer Lifeline, a nonprofit organization that optimizes the quality of life for cancer patients, survivors, and caregivers. Cancer Lifeline provides support groups, classes in nutrition, exercise, personal expression, and stress reduction; and personalized emotional support.

For more information, please contact Jackie Sloutwalker at (520) 621 - 5920 or jsloutwalker@arizona.edu.



COLLEGE OF HONORARY DESIGN
Family & Community Medicine


University of Arizona
Department of Family and Community Medicine
1621 N. Tucson Blvd, Suite 32
Tucson, AZ 85716

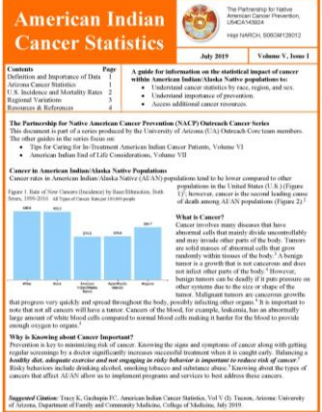


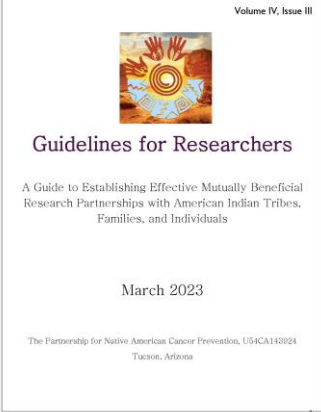
43

Indigenous Cancer Prevention Webinar and Education Series

<https://nartc.fcm.arizona.edu/partnership-native-american-cancer-prevention-nacp>







44

For Educational Use Only

22


 UNC Lineberger Cancer Network

What are some areas of need that should be prioritized for cancer?

Powered by  Poll Everywhere
 Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

45

Cancer Issues and Considerations

▶ **Prioritization of Cancer Needs**




- ▶ Childhood cancer care and support
- ▶ Men’s cancer prevention and control
- ▶ Survivorship
- ▶ Environmental exposures
- ▶ Accuracy/validity of cancer incidence, mortality and survival
- ▶ Comorbidities and polypharmacy
- ▶ Behavioral risk factors
- ▶ Social determinants of health


▶ **Training**

- ▶ Navigators
- ▶ Nurses
- ▶ Radiation Therapists
- ▶ Pharmacists
- ▶ Physicians
 - ▶ Oncologists
- ▶ Researchers
 - ▶ Epidemiologists

Funding that leads to long-term infrastructure that enables successful research spanning prevention to intervention

- Walking Forward, South Dakota
- Partnership for Native American Cancer Prevention, Arizona
- Spirit of Eagles, Minnesota
- Native American Cancer Initiatives, Colorado
- Tribal Comprehensive Cancer Control Programs, Oregon and South Dakota



46



Summer internship for Indigenous peoples in Genomics (SING)

Application Deadline is February 15th, 2023

- Discussions of ethical and social implications of genomics research and Tribal engagement
- Hands-on bioinformatics & wet lab experiences
- Leadership & outreach Training

For more info and the application portal, please visit: <http://singconsortium.org>






Held jointly at Northern Arizona University and Diné College

<https://singconsortium.org>

July 23 - 29
2023

47



International Journal of *Environmental Research and Public Health*

an Open Access Journal by MDPI

IMPACT FACTOR 4.614

Indexed in PubMed

2nd Edition: Cancer Health Disparities and Public Health

Guest Editors:


Dr. Ken Batai
Department of Cancer Prevention & Control, Roswell Park Comprehensive Cancer Center, Buffalo, NY 14203, USA
ken.batai@roswellpark.org

Dr. Francine C. Gachupin
Department of Family and Community Medicine, College of Medicine, University of Arizona, Tucson, AZ 85721, USA
fcgachupin@arizona.edu

Dr. Shaïla Strayhorn
Department of Public Health, School of Health & Applied Human Sciences, University of North Carolina Wilmington, Wilmington, NC 28403, USA
strayhorns@uncw.edu

Message from the Guest Editors


Cancer burden varies across populations, with higher incidence and mortality of specific cancer types in medically underserved populations compared to others, resulting from varying degrees of interactions between genetic/biologic, behavioral, societal, and environmental risk factors. Patients from underserved populations often experience prejudice and/or discrimination in healthcare, or clinicians' bias may negatively affect patient care. Cultural values or personal beliefs may also affect choice of care and treatment. During and after the COVID-19 pandemic crisis, these underlying factors were exacerbated, and racial/ethnic minority and other underserved populations experienced marked challenges undergoing cancer screening, treatment, and care. Research is necessary to further understand the underlying causes, contributing and underlying factors, intersectionality of these, and impacts on cancer screening, treatment, and care in order to develop education, outreach, policies, recommendations, and clinical practices to reduce cancer disparities and build equity in cancer prevention, treatment, and care.



https://www.mdpi.com/journal/ijerph/special_issues/238T2UF68R

[mdpi.com/si/146247](https://www.mdpi.com/si/146247)

Deadline for manuscript submissions: **30 September 2023**



Special Issue

48

https://www.mdpi.com/journal/ijerph/special_issues/Cancer_Public#published N=19

Research

Jump to: Review, Other

Adapting a Cancer Screening Education Program for Native AI Disabilities
 by Julie S. Armin, Heather J. Williamson, Andria Begay, Jennifer Eitcity, Kim Russell and Julie A. Baldwin
Int. J. Environ. Res. Public Health 2022, 19(15), 9280; <https://doi.org/10.3390/ijerph19159280>
 Cited by 1 | Viewed by 839

Abstract Like other minoritized groups, people with disabilities experience lack of social and developmental disabilities (IDD), which are lifelong disabilities that limit or prevent the ability to complete daily activities, are less likely to receive preventive care (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

Examining the Influencing Factors of Chronic Hepatitis B Mon Asian Americans: Application of the Information-Motivation-Behavior Model
 by Grace X. Ma, Lin Zhu, Wenyue Lu, Yin Tan, Jade Truehart, Cloc Minhuyen T. Nguyen, Ming-Chin Yeh and Min Qi Wang
Int. J. Environ. Res. Public Health 2022, 19(8), 4642; <https://doi.org/10.3390/ijerph19084642>
 Cited by 3 | Viewed by 1314

Abstract Background. Compared to non-Hispanic whites, Asian Americans are 60% more likely to have chronic hepatitis B (CHB) infection every six months is an effective intervention. Methods: This study utilized baseline data from an information-motivation-behavior model (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

Masculinity Barriers to Ever Completing Colorectal Cancer Screening in Indian/Alaska Native, Black, and White Men (Ages 45–75)
 by Charles R. Rogers, David G. Perdue, Kenneth Boucher, Kevin M. Korous, Ethan Petersen, John M. Inadomi, Fa Tushetaufa, Ronald F. Levant and Ken Batai
Int. J. Environ. Res. Public Health 2022, 19(5), 3071; <https://doi.org/10.3390/ijerph19053071>
 Cited by 2 | Viewed by 1891

Abstract Disparities in colorectal cancer (CRC) mortality among White, Black, and American Indian/Alaska Native (AI) men are attributed to differences in early detection screening. Determining how masculinity barriers to completion is critical for cancer prevention and control. To determine whether masculinity barriers to completion is critical for cancer prevention and control. To determine whether masculinity barriers to completion is critical for cancer prevention and control. (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

Racial/Ethnic Disparities in Health and Life Insurance Denial Due to Pre-Existing Conditions
 by Adreane B. Lent, Carlos G. Garrido, Emily H. Baird, Reta Viela and Reta Viela
Int. J. Environ. Res. Public Health 2022, 19(4), 2165; <https://doi.org/10.3390/ijerph19042165>
 Cited by 2 | Viewed by 1547

Abstract This study examined racial/ethnic differences in health/life insurance denial due to pre-existing conditions after the passage of the Affordable Care Act (ACA). Behavioral Risk Factor Surveillance System (BRFSS) 2012–2020. The dependent variable asked: "Were you ever denied health insurance because of a pre-existing condition?" (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

Impacts of Neighborhood Characteristics and Surgical Treatment Mortality in Stage I Renal Cell Carcinoma Patients
 by Alejandro Cruz, Faith Dickerson, Kathryn R. Pulling, Kyle Garcia, Fran Chiu-Hsieh Hsu, Juan Chipollini, Benjamin R. Lee and Ken Batai
Int. J. Environ. Res. Public Health 2022, 19(4), 2050; <https://doi.org/10.3390/ijerph19042050>
 Cited by 1 | Viewed by 997

Abstract Racial/ethnic minority groups in the United States have high renal cell carcinoma (RCC) mortality rates. This study examined the impact of neighborhood characteristics on surgical treatment disparities across racial/ethnic groups and impacts of neighborhood characteristics on surgical treatments and overall mortality. Stage I RCC patients diagnosed between 2008 and 2017 were included in the analysis. (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

Renal Cell Carcinoma Surgical Treatment Disparities in American and Hispanic Americans in Arizona
 by Francine C. Gachupin, Benjamin R. Lee, Juan Chipollini, Kathryn R. Pulling, Ava C. Wong, Celina I. Valencia, Chiu-Hsieh Hsu and Ken Batai
Int. J. Environ. Res. Public Health 2022, 19(3), 1185; <https://doi.org/10.3390/ijerph19031185>
 Viewed by 1246

Helicobacter pylori Prevalence and Risk Factors in Three Rural Indigenous Communities of Northern Arizona
 by Robin B. Harris, Heidi E. Brown, Rachelle L. Begay, Priscilla R. Sanderson, Carmenita Chief, Fernando P. Monroy and Eyal Oren
Int. J. Environ. Res. Public Health 2022, 19(2), 797; <https://doi.org/10.3390/ijerph19020797> - 12 Jan 2022
 Cited by 3 | Viewed by 2182

Abstract *Helicobacter pylori* (*H. pylori*) is one of the most common bacterial stomach infections and is implicated in a number of non-gastric diseases. While gastric cancer has decreased in the United States (US), the incidence in the Navajo Nation is nearly 10-fold higher than in the United States. (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

Putting Policy into Practice: How Three Cancer Services Perform against Indigenous Health and Cancer Frameworks
 by Emma V. Taylor, Marilyn Lyford, Lorraine Parsons, Michele Holloway, Karla Gough, Sabe Sabesan and Sandra C. Thompson
Int. J. Environ. Res. Public Health 2022, 19(2), 633; <https://doi.org/10.3390/ijerph19020633> - 06 Jan 2022
 Viewed by 1597

Abstract Improving cancer outcomes for Indigenous people by providing culturally safe, patient-centred care is a critical challenge for health services worldwide. This article explores how three Australian cancer services perform when compared to national best practice guidelines: the National Aboriginal and Torres Strait Islander Cancer Strategy. (This article belongs to the Special Issue Cancer Health Disparities and Public Health)


Population-Based Data Reveal Factors Associated with Organised and Non-Organised Colorectal Cancer Screening: An Important Step towards Improving Coverage
 by Thuy Ngan Tran, Guido Van Hal, Marc Peeters, Svetlana Jidkova, Harlinda De Schutter and Sarah Hoek
Int. J. Environ. Res. Public Health 2021, 18(16), 8373; <https://doi.org/10.3390/ijerph18168373> - 07 Aug 2021
 Cited by 21 | Viewed by 1495

Abstract We investigated factors associated with organised and non-organised colorectal cancer screening using fecal occult blood tests, based on data from 308 municipalities in Flanders (6.6 million residents, 57% of Belgium) during 2015–2017. Logistic regression with generalized estimating equations was used to assess the impact of factors on screening. (This article belongs to the Special Issue Cancer Health Disparities and Public Health)

49

Acknowledgements

- Dr. William Freeman
- Dr. Leo Nolan
- Dr. Clifton Poodyr
- Dr. Judith Kaur
- Dr. Jennifer Erdrich
- Dr. James Hampton
- Dr. David Espey
- Dr. Natt Cobb
- Dr. Chuck Wiggins
- Dr. Charles Key
- Dr. Dave Alberts
- Dr. Ellen Provost
- Dr. Dornell Pete
- Dr. Dorothy Rhoades
- Dr. Jennie Joe
- Dr. Sheila Caldwell
- Ms. Melissa Jim
- Dr. Joann Sweasy
- Dr. Maria Revilleza
- Dr. Shobha Srinivasan
- Dr. Kathy Etz
- Dr. Alexandra Adams
- Dr. LeeAnn Bailey
- Dr. Thomas Becker
- Dr. Ken Batai
- Dr. Benjamin Lee
- Dr. Juan Chipollini
- Dr. Margaret Briehl
- Dr. Maria Lloria-Prevatt
- Dr. L. Dee Robertson
- Dr. Linda Burhansstipanov
- Dr. Shiraz Mishra
- Dr. Melissa Herbst-Kralovetz
- Dr. Gabriel Montano
- Dr. Isabel Scarinci
- Dr. Karen Francis-Begay
- Dr. Jani Ingram
- Dr. Jason Wilder
- Dr. Jen Bea
- Dr. Alicia Allen
- Dr. Ron Heimark
- Dr. Dirk deHeer
- Dr. Priscilla Sanderson
- Dr. Robin Harris
- Dr. Juanita Merchant
- Dr. Fernando Monroy
- Dr. William Montfort
- Dr. Julie Armin
- Dr. Heather Williamson
- Dr. Greg Caporaso
- Dr. Joachim Chino
- Dr. Katrina Claw
- Dr. Raymond Bergan
- Dr. Manley Begay
- Dr. Samantha Sabo
- Dr. Nathan Ellis
- Ms. LuAnn Leonard
- Ms. Ann Garcia
- Dr. Timian Godfrey
- Dr. Cyndi Thomson
- Dr. David Garcia
- Dr. Heidi Brown
- Dr. Jonathan Credo
- Dr. Andy Koppisch
- Dr. Francisco Moreno
- Dr. Paloma Beamer
- Mr. Levi Esquerra
- Ms. Kelly Laurila
- Ms. Ann Marie Chischilly
- Ms. Cora Maxx-Phillips
- Ms. Bess Tsosie
- Mr. David Tsosie
- Ms. Shannon Williams
- Ms. Carol Seanez
- Ms. Fatima Molina
- Ms. Hannah Throssell
- Ms. Keyauni Tracy
- Ms. Jackie Slowtalker
- Ms. Sadie Maloof
- Ms. Deb Aguirre





50

References

- ▶ Jim, M. A., Arias, E., Seneca, D. S., Hoopes, M. J., Jim, C. C., Johnson, N. J., & Wiggins, C. L. (2014). Racial misclassification of American Indians and Alaska Natives by Indian Health Service contract health service delivery area. *American journal of public health, 104*(S3), S295-S302.
- ▶ Carmack AM, Schade TL, Sallison I, Provost EM, Kelly JJ. Cancer in Alaska Native People: 1969 – 2013, The 45 Year Report. Anchorage, AK: Alaska Native Tumor Registry, Alaska Native Epidemiology Center, Alaska Native Tribal Health Consortium 2015.
- ▶ Batai K, Gachupin FC, Estrada AL, Garcia DO, Gomez J, Kittles RA. (2018) Patterns of Cancer Related Health Disparities in Arizona. *Cancer Health Disparities 2*:e1-e20. doi:10.9777/chd.2018.10019.
- ▶ Gachupin FC, Lee BR, Chipollini J, Pulling KR, Cruz A, Wong AC, Valencia CI, Hsu C, Batai K. Renal Cell Carcinoma Surgical Treatment Disparities in American Indian/Alaska Natives and Hispanic Americans in Arizona. *Int J Environ Res Public Health. 2022*; 19:1185. doi.org/10.3390/ijerph19031185



51

Thank you!

Francine C. Gachupin, PhD, MPH
Associate Professor



• 520-621-5072 or fcgachupin@arizona.edu

52


 **UNC** | LINEBERGER COMPREHENSIVE
CANCER CENTER
UNC Lineberger Cancer Network

Questions/Comments?

Powered by  **Poll Everywhere**
Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

53

**University Cancer
Research Fund**

 **UNC** | LINEBERGER COMPREHENSIVE
CANCER CENTER

UNC Lineberger Cancer Network

The Telehealth Team

Tim Poe, Director

<p>Veneranda Obure, Technology Support Specialist</p> <p>Jon Powell, PhD, Continuing Education Specialist</p> <p>Oliver Marth, Technology Support Technician</p>	<p>Andrew Dodgson, DPT, Continuing Education Specialist</p> <p>Nadja Brown, Interim Administrative Support Specialist</p> <p>Patrick Muscarella, Technology Support Technician</p>
---	---

THANK YOU!

54

**SOUTHEASTERN AMERICAN
INDIAN CANCER HEALTH
EQUITY PARTNERSHIP**



November 1, 2023

Upcoming SAICEP Webinar

**Partnership for Native American
Cancer Prevention**



Tammy Greer, PhD
Associate Professor
University of Southern Mississippi



These webinars are a collaboration between



55

**SOUTHEASTERN AMERICAN
INDIAN CANCER HEALTH
EQUITY PARTNERSHIP**



Take a look at our past webinars

learn.unclcn.org/saicep

unclcn.org/saicep-videolibrary



These webinars are a collaboration between



56

**SOUTHEASTERN AMERICAN
INDIAN CANCER HEALTH
EQUITY PARTNERSHIP**



www.saicep.org



These webinars are a collaboration between



57

THANK YOU FOR PARTICIPATING!

UNC Lineberger Cancer Network

Email: **unclcn@unc.edu**

Call: **(919) 445-1000**

Send us an email to sign up for our monthly e-newsletter.

Check us out at **unclcn.org**



facebook.com/unccn



@unc_cn

58