



Great Plains
**COMPREHENSIVE
CANCER
CONTROL
PROGRAM**

2023-2027

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Great Plains Comprehensive
Cancer Control Plan Development
Process



CANCER COALITION

MISSION

Increase prevention efforts, access to screenings, and improve the quality of life for American Indians cancer survivors in the Great Plains by providing a forum for input, advocacy, education, collaboration, planning, and action along the cancer control continuum. This group of tribal and community stakeholders will work to achieve all of their goals in a manner that values the importance of traditional healing and medicine, embraces the spiritual components of life for many, and above all else respects individual, tribal, and cultural differences.

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▲ Prevention

35%

Current Adult Smokers in the Great Plains Area



LONG TERM GOALS: For American Indians in the Great Plains:

- Decrease the number that get cancer
- Increase the quality of life for those who are affected by cancer
- Decrease the number that die from cancer

PHILOSOPHY & FRAMEWORK

- Tribal Sovereignty
- Culturally relevant approaches
- Policy, System, and Environmental change strategies
- Promising or evidence-based and outcome-oriented interventions

GREAT PLAINS AREA CANCER COALITION

CALL TO ACTION

Join and participate in the GPA-CC Coalition

Everyone plays an important role in supporting the successful implementation of the Great Plains Comprehensive Cancer Control Plan. You can join the GPA-CC Coalition and participate in a work group today!

To join, visit the GPCCCP web-page: Cancer (greatplainstribalhealth.org)

Identify what strategies you can implement

The Plan outlines key strategies to implement to achieve each goal. Strategies require a collaborative approach by numerous stakeholders for successful implementation. The stakeholder section identifies groups that participate in the GPA-CC and collaborate on strategies that align with their natural roles and the work that they do.

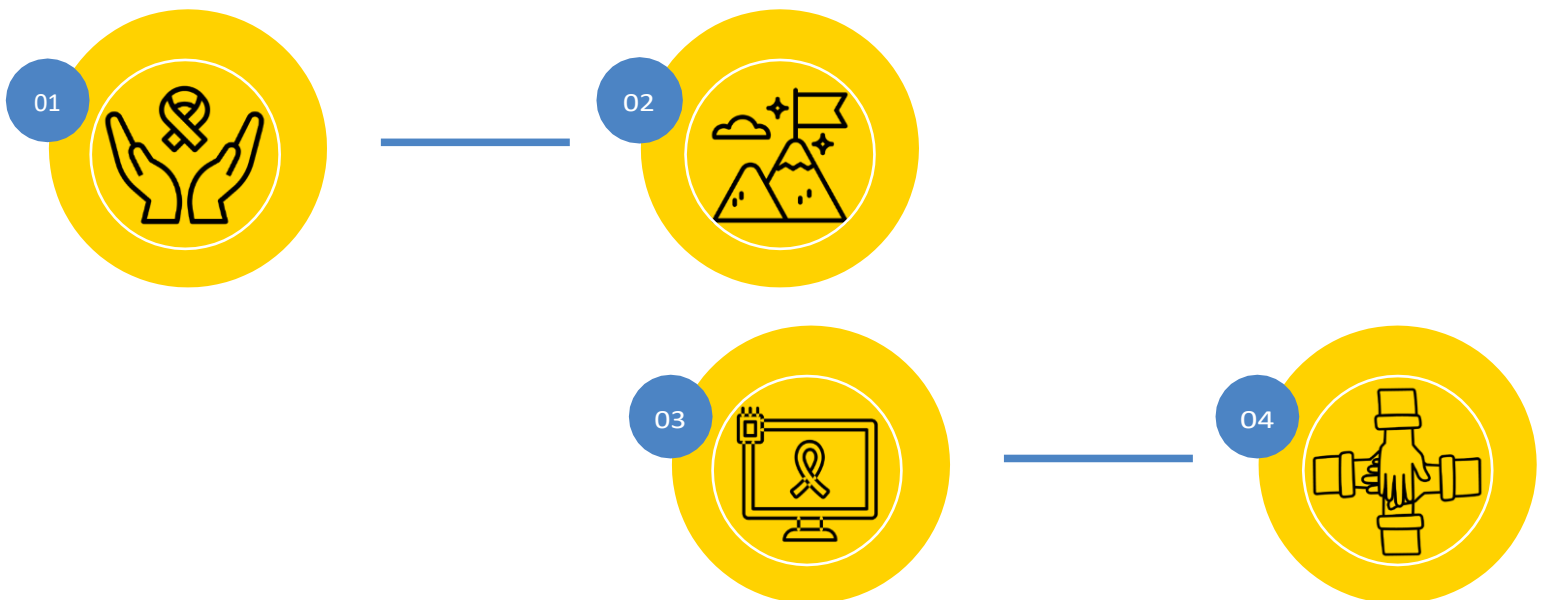
Apply for funding to implement strategies

In some cases, the implementation of strategies may require additional financial resources. The GPCCCP accepts applications for mini-grants, typically around \$10,000. Applications are accepted on an ongoing basis, but funds must be spent by the following June.

**For more information, visit the GPCCCP web-page:
Cancer (greatplainstribalhealth.org)**

Executive Summary

Cancer continues to concern the Great Plains American Indian (GPAI) population. Although great strides have been made in education and awareness, early prevention and detection, culturally relevant approaches, and survivorship, GPAI communities continue to suffer from some of the highest rates of cancer and cancer deaths compared to both other Native and non-Native populations. With continuing support from the U.S. Centers for Disease Control and Prevention (CDC) and the Great Plains Tribal Leaders Health Board (GPTLHB) the Great Plains Comprehensive Cancer Control Program has joined with partners from Great Plains tribes, tribal leadership, Indian Health Services, states, universities, and many other cancer control stakeholders to continue working together towards a common goal of strengthening collaborative efforts to prevent cancers and increase access to quality cancer care services from diagnosis through survivorship or end of life.



The purpose of this plan is to:

- Highlight and raise awareness about the important cancer issues, challenges, and barriers faced by Great Plains American Indians.
- Set goals and objectives for improvement.
- Propose potential strategies to achieve goals and objectives.
- Provide an outline for action of the many cancer prevention and control areas that need to be improved upon.
- Draw together interested tribes, organizations, entities, and individuals to work collaboratively toward shared goals.

This revised plan has three main chapters. These three chapters outline the major challenges and barriers, the long-term goals, objectives, and potential strategies for each area. In addition, baseline and target measurements are provided where applicable for outcomes within the five-year plan. Please note that this revised and updated cancer plan is streamlined for easy access to goals, objectives, and strategies. The user may refer back to previous Cancer Plans (2008-2012) and (2013-2017) for a more comprehensive understanding of terminology, definitions, and statistics. Cancer indeed causes much suffering and fear, but many American Indians also survive cancer and continue their journey with great wisdom and knowledge. Therefore, we must move forward remembering the seriousness of the disease and the strength we have by working together to prevent cancer and improve the quality of life of those affected by it.

PLAN GOALS:

- Reduce the incidence and mortality rates of cancer in Great Plains American Indian communities by promoting healthy lifestyles and reducing cancer-related risk factors.
- To increase appropriate cancer screening for Great Plains American Indians so cancer is detected at earlier stages.
- Ensure that all Great Plains American Indians with cancer receive access to quality western and traditional cancer care services and aftercare.
- Improve a workforce that can provide culturally sensitive/competent comprehensive cancer care for the Great Plains tribes.
- Assure that Great Plains American Indian cancer patients, their families, and their caregivers will have access to programs and services that address their physical, mental, and spiritual needs to improve the length and quality of life.
- Assure the best quality of life and access to needed comfort care services for Great Plains American Indians affected by cancer, their families, and their caregivers.
- Assure that Great Plains American Indian cancer patients have knowledge about, and access to, advanced care planning.
- Make complete, accurate, and timely data on cancer available and accessible to the Great Plains American Indian tribal communities to inform and improve cancer health status.

Stakeholders

The Great Plains Comprehensive Cancer Control Program (GPCCCP) is comprised of partners from the Great Plains tribes, tribal leadership, Indian Health Service (I.H.S.), state departments of health, extension services, universities, healthcare providers, non-profits, worksites, public health professionals and many other cancer control stakeholders to continue working together towards a common goal of strengthening collaborative efforts to prevent cancers and increase access to quality cancer care services from diagnosis through survivorship or end of life. The GP Cancer Plan is a strategic plan that requires stakeholders from across the region to come together to reduce the burden of cancer. The diverse group of stakeholders come together through the Great Plains Area Cancer Coalition (GPA-CC) to play a vital role in implementing the Plan to decrease the cancer burden in tribal communities in the Great Plains.



Data

High-quality cancer data is one of the best tools available to address the region's cancer burden. GPCCCP collects cancer morbidity and mortality data is gathered from several sources, including from the State Cancer Registries (ND, SD, NE, and IA); Surveillance, Epidemiology, and End Results (SEER); and United States Cancer Statistics (UCSC). Cancer screening and primary prevention data is gathered from the Government Performance Results Act (GPRA) and survey data collected by the Great Plains Tribal Leaders Health Board. Demographic data is also collected to better understand those diagnosed with cancer and the outcomes of their disease. These data resources were vital in the development of the Plan and provided essential information on the types of cancers diagnosed in the Great Plains. GPA-CC used these data resources to choose strategies and goals that would have the biggest possible impact on cancer for AI/AN residing in the Great Plains.

Cancer Burden in the **Great Plains**

Cancer Deaths

Cancer is the second leading cause of death in the Great Plains region for non-Hispanic whites (NHW) and American Indians and Alaska Natives (AI/AN). Lung cancer is by far the most deadly form of cancer, both in the Great Plains region and nationally. Significant disparities exist between AI/AN and NHW in the region among all cancers. Following lung cancer, colon and rectum, liver, pancreatic, and breast were the next leading causes of cancer death for AI/AN in the region. The top causes of cancer deaths for NHW in the Great Plains were lung, colon and rectum, pancreatic, breast, and prostate. Fortunately, screening for lung, breast, and colorectal cancers can identify these cancers earlier and improve survival. Additionally, death rates for cancer among AI/AN is much greater than the national average at 212.8 compared to 144 per 100,000 people.

Top 5 Causes of Cancer Death of AI/AN in the Great Plains

American Indian/Alaska Native	Rate	Count	Pop.
All causes of Death	1,479.40	5,497	612,444
All malignant Cancers	212.8	732	612,444
Lung & Bronchus	54.7	179	612,444
Colon & Rectum	27.1	93	612,444
Liver	13.3	48	612,444
Pancreas	13	47	612,444
Breast	12.8	42	612,444

Top 5 Causes of Cancer Death of Non-Hispanic Whites in the Great Plains

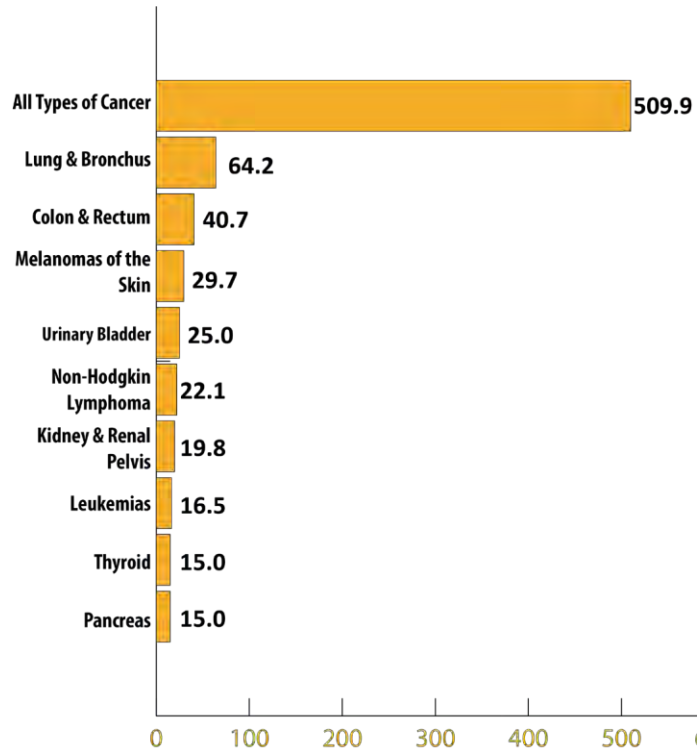
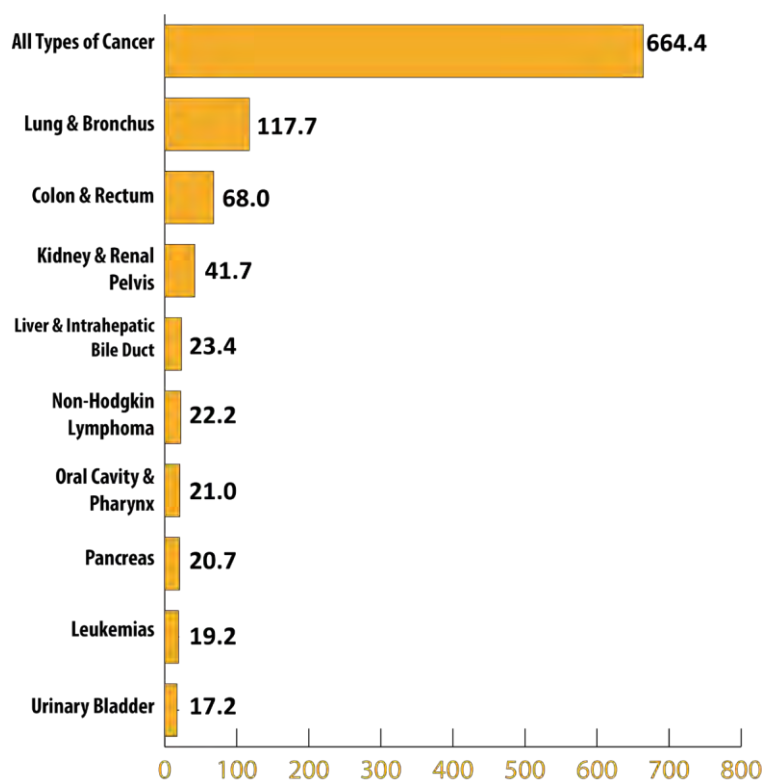
Non-Hispanic White	Rate	Count	Pop.
All causes of Death	731.5	78,397	8,546,179
All malignant Cancers	149.9	15,987	8,546,179
Lung & Bronchus	35.4	3,805	8,546,179
Colon & Rectum	13.6	1,459	8,546,179
Prostate	11.4	1,214	8,546,179
Pancreas	10.8	1,136	8,546,179
Breast	7.4	812	8,546,179

Cancer Burden in the Great Plains

Cancer Incidence

Lung cancer is the most common type of cancer among American Indian and Alaska Natives (AI/AN) and non-Hispanic whites (NHW) in the Great Plains region. Following lung cancer, colon and rectum, kidney and renal pelvis, and liver and intrahepatic bile duct are the most common types of cancers for AI/AN in the region. The top five types of cancer for NHW in the Great Plains were lung, colon, and rectum, melanomas of the skin, and urinary bladder. The rate of new cases of cancer (cancer incidence) is greater among people residing in the Great Plains region compared to the national average of 442.4 per 100,000 people. Additionally, rates of new cases of cancer are higher among AI/AN than NHW in the region at 664.4 compared to 509.9 per 100,000 people.

Rate of new cancers by leading cancer sites in the Northern Plains/Great Plains





Evaluation

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Chapter 1.

PRIMARY PREVENTION

Prevention

It is well known that a healthy lifestyle of being commercial tobacco-free, being physically active, and having good eating habits are very important to the prevention of cancers. It is also proven effective in preventing cancers through protection from sun radiation and other environmental exposures such as radon, as well as for young women and young men to be vaccinated with the HPV vaccine.

Commercial tobacco use is the most significant preventable cause of cancer. Commercial tobacco contains 7,000 compounds of which at least 70 are established human carcinogens and are known to cause the following cancers: lung, liver, pancreas, kidney, bladder, uterine, cervix, colorectal, oral cavity, trachea, bronchus, acute myeloid leukemia, stomach and oropharynx, larynx, and esophagus. Maintaining a healthy weight through active living and eating well is also significant in the prevention of cancer. Eating a diet rich in fruits and vegetables reduces the chance of developing colorectal, stomach, lung, and esophageal cancers. Most American Indians in the Northern Plains are unable to achieve their optimal health status. Environmental factors, including lack of access to full-service grocery stores, increasing costs of healthy foods and the lower cost of unhealthy foods, and lack of access to safe places to play and exercise, all contribute to the increase in unhealthy weight by inhibiting or preventing healthy eating and active living behaviors.

Challenges, Issues, and Barriers to the Prevention of Cancer

- Prevention can be a low priority for healthcare systems.
- Education needs to be ongoing, empowering, and tailored for each tribal community.
- Tribal councils and leadership sometimes lack awareness and understanding of cancer prevention issues.
- There are limited prevention and education-related services available.
- Access to tobacco is too easy for both adults and children.
- Tobacco policies do not exist or are not enforceable.
- There is an increase in sedentary lifestyles and poor diets
- There is a lack of fresh produce & fruits.

There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product.

-Surgeon General Report 2014

Prevention

Goals, Objectives & Strategies

PREVENTION GOAL

Reduce the incidence and mortality rates of cancer in Great Plains Tribal communities by promoting healthy lifestyles and reducing cancer-related risk factors.

OBJECTIVE 1 - By 2027, increase the number of Great Plains American Indian commercial tobacco users who quit.

	STRATEGIES
1.1	Expand comprehensive tobacco cessation trainings utilizing evidence based programs.
1.2	Promote the National and State Quitline program.
1.3	Support education about the difference between the ceremonial use of traditional tobacco and commercial tobacco.

MEASURES		
Current adults screened for commercial tobacco use in the Great Plains area	BASELINE	25%
(GPRA, 2022)	TARGET	35%

OBJECTIVE 2 - By 2027, increase the number of materials and resources to decrease skin cancer among Great Plains Tribal members and educate on the importance of sun safety.

	STRATEGIES
2.1	Encourage and support primary school programs to educate students, parents, and teachers about skin cancer risks and advocate for sun protection measures.
2.2	Support and implement multi-component community-wide interventions for sun protection awareness.

MEASURES		
Increase sun safety materials, resources, and activities	BASELINE	0
(GPCCCP Workplan)	TARGET	10

Prevention

Goals, Objectives & Strategies

OBJECTIVE 3 - By 2027, Increase the number of Human Papilloma Virus (HPV) related activities and educational materials in the Great Plains Region.

	STRATEGIES
3.1	Provide education on the need for HPV vaccinations utilizing available data.
3.2	Distribution of educational materials on HPV in community and clinical settings.

MEASURES		
Facilities providing HPV vaccination education	BASELINE	0
(GPCCCP Workplan)	TARGET	5

OBJECTIVE 4 - By 2027, reduce the proportion of children with obesity among Great Plains Indians.

	STRATEGIES
4.1	Promote the adoption of physical activity in early childcare and education
4.2	Work with community partners and leaders to increase access to affordable, healthy foods in communities and places
4.3	Work with the state health department's Nutrition and Physical Activity/Obesity Prevention Programs

MEASURES		
Childhood weight control	BASELINE	20%
(GPRA, 2022)	TARGET	23%



Chapter 2.

EARLY DETECTION & SCREENING

Screening & Early Detection

The Screening & Early Detection chapter plans out objectives and strategies for breast, colorectal, prostate, cervical, and lung cancers.

The general consensus among healthcare providers and community members in the Great Plains is that access to cancer screening is severely limited due to the shortage and capacity of area facilities that provide on-site screening services. Therefore, individuals have to travel long distances to receive screening and early detection of cancer. When a cancer screening is not available in the IHS service region, an individual would need contract health care approval to have the screening paid for on-site. Sadly, screening tests or exams for cancer would rarely be approved given the funding and priorities of contract health care.

Challenges, Issues, and Barriers to Screening & Early Detection of Cancer

- There is a lack of access to cancer screening due to travel distances and a lack of transportation.
- Funding for screening is an issue because not all tests are covered by the Indian Health Service.
- Screening is not a priority for Contract Health Care dollars.
- Cultural beliefs, fear of cancer, and lack of knowledge can be a barrier for some to get screened.
- There needs to be more continuity of care from screening, follow-up, and on.
- There is a lack of consistency among providers in using certain standards of care for cancer screening.
- Transportation, access, and available screening (colonoscopy, mammography, etc.).

Screening & Early Detection

Goals, Objectives & Strategies

Screening & Early Detection Goal: To increase appropriate cancer screening for Great Plains American Indians so cancer is detected at earlier stages.

OBJECTIVE 1 - By 2027, increase the proportion of adults aged 40-74 years who are up to date on recommended breast cancer screening in Great Plains American Indians.

STRATEGIES	
1.1	Provide information about the benefits of screening, indicators of the need for screening and ways to overcome barriers to screening.
1.2	Find clinical champions who can energize clinic staff and keep everyone focused on improving breast cancer screening rates.
1.3	Collaborate with the Honor Every Woman program to train and utilize community health workers or lay patient navigators to assist with reducing structural barriers.

MEASURES		
Increase breast cancer screening rate among GPA IHS facilities	BASELINE	29%
(GPRA, 2022)	TARGET	35%

OBJECTIVE 2 - By 2027, increase risk-appropriate screening activities to decrease lung cancer in Great Plains American Indians.

STRATEGIES	
2.1	Advocate for lung cancer screening to be covered under preventative services.
2.2	Encourage Providers to assess risk factors for lung cancer and need for screening.

MEASURES		
Increase activities to decrease lung cancer	BASELINE	0
(GPCCCP Workplan)	TARGET	8

OBJECTIVE 3 - By 2027, increase the proportion of adults aged 45-75 years who are up to date on recommended colorectal cancer screening in Great Plains American Indians.

STRATEGIES	
3.1	Develop and disseminate education materials and resources to Tribal health clinics (group education; 1:1 education; client/patient/relative reminders; and small media).
3.2	Promote strategic partnerships to reach age-appropriate men and women who are not being screened for colorectal cancer and facilitate the screening process.
3.3	Reduce structural barriers to screening by supporting patient navigation efforts.

MEASURES		
Increase colorectal cancer screening rate among GPA IHS facilities (GPRA, 2022)	BASELINE	23%
	TARGET	30%

OBJECTIVE 4-By 2027, increase the proportion of adults aged 21-65 years who are up to date on recommended cervical cancer screening in Great Plains American Indians.

STRATEGIES	
4.1	Provide information about the benefits of screening, indicators of the need for screening and ways to overcome barriers to screening.
4.2	Find clinical champions who can energize clinic staff and keep everyone focused on improving breast cancer screening rates.
4.3	Collaborate with the Honor Every Woman program to train and utilize community health workers or lay patient navigators to assist with reducing structural barriers.

MEASURES		
Increase cervical cancer screening rate among GPA IHS facilities (GPRA, 2022)	BASELINE	33%
	TARGET	40%



Chapter 3.

HEALTH & WELL-BEING OF CANCER SURVIVORS

Health & Wellbeing of Cancer Survivors

For the Native population in the Great Plains, emotional, spiritual, and practical support can be offered by family members, friends, caregivers other cancer patients, traditional healers, and community health providers. We call this broad support system “Native Families.” The support becomes crucial as the individual goes through many short-term and long-term issues affecting their quality of life. The issues can include but are not limited to cancer treatment, spiritual, and emotional needs, pain control, and, for some, decisions about end-of-life care. Little is currently known about Great Plains American Indian cancer survivors or their caregivers. Anecdotal evidence shows there are cancer survivors in the region, and many are interested in helping to increase the knowledge and awareness about the issues cancer patients face. Little is also known about the palliative and end-of-life care experience of the American Indian population in the Great Plains. A thorough literature review revealed very few published reports or data related to palliative care for American Indians. There are still many areas to improve when it comes to increasing public and healthcare professional knowledge about survivorship resources and services in the Great Plains.

Challenges, Issues and Barriers to Health & Wellbeing of Cancer Survivors

- Native cancer survivors often “get lost” in the system during diagnosis, treatment, and beyond, and have difficulty navigating through the health care system.
- Cancer survivors and their caregivers need more social, mental and spiritual support.
- Cancer survivors have difficulties with missing work and running out of vacation/leave time.
- Lack of knowledge and resources for cancer survivors.
- A strong need for cancer survivorship care plans and education on them.
- Access to cancer survivorship resources and services are needed in tribal communities.
- Healthcare professionals need to be educated more on the short and long-term effects following treatment that affect the quality of life of cancer survivors and their families.

Health & Wellbeing of Cancer Survivors

Goals, Objectives & Strategies

Assure that Great Plains American Indian cancer patients, their families, and their caregivers will have information on access to programs and services that address their physical, mental, and spiritual needs to improve the length and quality of life.

OBJECTIVE 1 - By 2027, Increase the 5-year relative survival rate for all cancer sites among Great Plains American Indians.

STRATEGIES	
1.1	Develop and promote methods to facilitate the exchange of information among all health-care professionals involved in the development of cancer survivorship care plans.
1.2	Educate on eating healthy and staying physically active to increase the chances of surviving cancer and keeping it from returning.

MEASURES		
Increase 5-year relative survival rate for all cancer sites among GPAI	BASELINE	58.1%
(NCI, 2019)	TARGET	70%

OBJECTIVE 2- By 2027, Increase the number of cancer survivorship activities for Great Plains American Indians.

STRATEGIES	
1.1	Identify, develop, and maintain accessible cancer survivorship resources.
1.2	Support local campaigns that increase knowledge about cancer survivorship.
1.3	Encourage and support cancer survivors to share their journey through storytelling or talking circles to help others going through the continuum of care.

MEASURES		
Increase number of survivorship activities	BASELINE	0
(GPCCCP Workplan)	TARGET	15



Chapter 4.

ADVANCING HEALTH EQUITY

Advancing Health Equity

The GP Cancer Plan was developed to eliminate health inequities and achieve health equity, which is the state in which everyone has a fair and just opportunity to attain their highest level of health. The plan will be implemented through a health equity lens to support the achievement of long-term health equity outcomes. A section was created in the Cancer Plan to incorporate objectives and strategies focusing on our population of focus throughout the plan to more effectively encompass existing disparities in cancer prevention and control to provide an opportunity for everyone to be healthy. This decision was intentionally designed to ensure health equity is addressed because data indicates that those affected by health diversity tend to be less likely than others to receive the needed care. As appropriate, objectives and strategies specific to American Indians residing in the Great Plains region and associated objectives and strategies were determined based on a thorough review of the available data and input from the GPA-CC.

Challenges, Issues and Barriers to Advancing Health Equity

- Lack of providers and systems providing culturally competent health care.
- Cancer treatment is expensive and contract health care services may be limited or a patient is ineligible.
- Faith, spirituality, and traditional methods are not always understood or accepted by cancer care providers.
- Cancer treatment facilities are often far away and there is little money available for food, gas money, and lodging expenses for the cancer survivor or their caregivers.
- Challenges accessing cancer-related services and resources for underserved populations in the region.
- Issues accessing minority cancer data from cancer registries, BRFSS, YRBS, and other surveillance systems.

Health Equity Goals, Objectives & Strategies

OBJECTIVE 1- By 2027, increase access to cancer-related services and resources for Great Plains Tribal Communities.

STRATEGIES	
1.1	Educate and support access to available cancer treatment drugs for medically underserved populations who cannot afford co-payments and deductibles.
1.2	Establish coordinated and systematic communications between IHS, Cancer Centers, and Tribal Health sites.
1.3	Support a collaborative community network in a variety of settings to address barriers to access care and that provides transportation and housing for cancer related services.

MEASURES		
Increase the number of resources/cancer related services.	BASELINE	0
(GPCCCP Workplan)	TARGET	12

OBJECTIVE 2- By 2027, Increase the number of cancer survivorship activities for Great Plains American Indians.

STRATEGIES	
1.1	Support community-based participatory research for populations that experience challenges with health equity by involving the communities impacted by cancer inequities in the planning, implementation, analysis and dissemination of cancer research.
1.2	Support the local development of culturally appropriate cancer education material utilizing community feedback.

MEASURES		
Increase the number of cancer survivorship activities	BASELINE	0
(GPCCCP Workplan)	TARGET	8



In honor and memory of Carole Ann Heart, Rosebud and Yankton Sioux and Executive Director of AATCHB

DEDICATION

Dedicated in honor of all Great Plains Native Americans taking the cancer journey, including the survivors and those who have walked on to the Spirit World. May we learn from their strength and wisdom as we work together to make all American Indians cancer-free.

