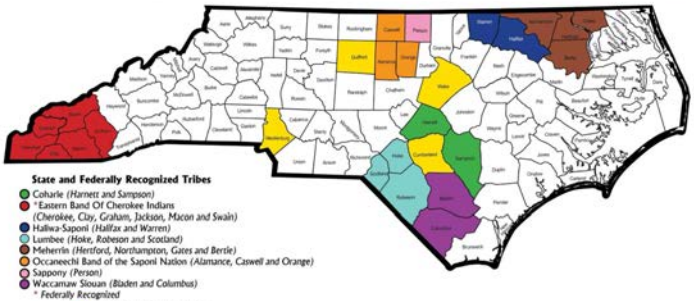
Recognizing land and sovereignty of Native nations



UNC LINEBERGER COMPREHENSIVE CANCER CENTER

1

Native protocol: Establishing relationality

Traditional practice of introductions rooted in relationality and kinship

1 - **Mother's clan - "I am"**
(Coyote pass - Ma'ii deizhgiizhnii)

2 - **Father's clan - "Born for"**
(Sleeprock people - Tsenahabiłnii)

3 - **Maternal grandparents clan**
(Coyote pass - Ma'ii deizhgiizhnii)

4 - **Paternal grandparents clan**
(Many hogans - Hoghanłani)

2 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

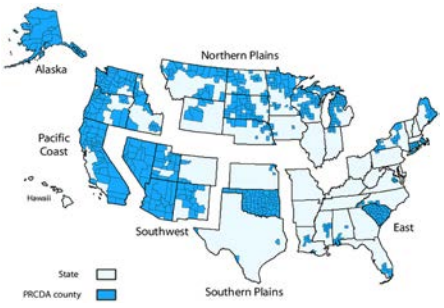
2

Improving access and treatment in American Indian/ Alaskan Natives (AIAN)

3

Great diversity among AIANs

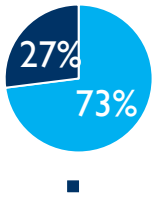
- 574 federally recognized tribes
  - Different culture, location, language and beliefs
- Primary healthcare provided by the Indian Health Service
  - Must be enrolled members of federally recognized tribe
  - Must reside on/near reservation within a contract health service delivery area

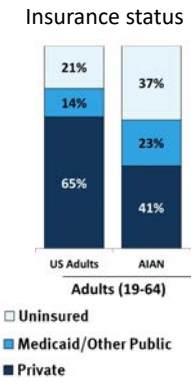


4

Urban AIANs

- The majority of AIAN persons reside in urban areas
- Outside of the Indian Health Service, AIAN have the lowest rate of private health insurance of any racial/ethnic group





5 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

5

Published OnlineFirst November 29, 2017; DOI: 10.1158/0008-5472.CAN-17-0429

Prevention and Epidemiology

Cancer Research

Disparities in Prostate, Lung, Breast, and Colorectal Cancer Survival and Comorbidity Status among Urban American Indians and Alaskan Natives

Marc A. Emerson[1], Matthew P. Banegas[2], Neetu Chawla[3], Ninah Achacoso[3], Stacey E. Alexeeff[3], Alyce S. Adams[5], and Laurel A. Habel[3]

6 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

6

AIAN breast cancer mortality

	Adjusted for patient + disease characteristics HR (95% CI)	Adjusted for patient + disease characteristics + Charlson score HR (95% CI)
All-cause mortality	1.52 (1.17-1.99)	1.47 (1.13–1.92)
Cancer–specific mortality	1.31 (0.89–1.95)	1.31 (0.88–1.94)

Emerson MA et al. *Cancer Res.* 2017

7 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

7

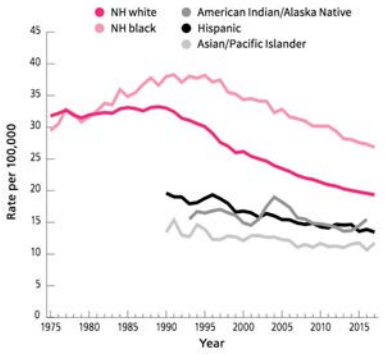
Initiation and adherence to adjuvant endocrine therapy (AET) among insured, urban AIAN

8 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

8

Breast cancer mortality is not decreasing in AI/AN women

Treatment information
- 73% of urban AIAN may access care outside of the Indian Health Service units
- Majority lack treatment information



American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society, Inc. 2019.

9 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

9

Objective

To evaluate whether AET initiation and adherence were lower among AIAN than other races/ethnicities

10 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

10

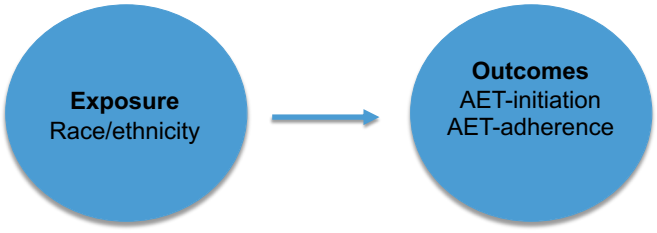
Source population: Kaiser Permanente Northern California

- Over 3.9 million currently active members
- Membership comprises approximately one-third of the population of California's San Francisco Bay Area and Central Valley

11

Participants and analysis overview

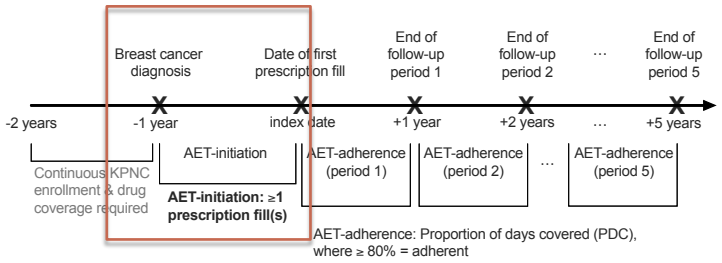
23,680 AET eligible (first primary, stage I-III, hormone receptor-positive breast cancers) patients from 1997 to 2014



12

Outcome measurement

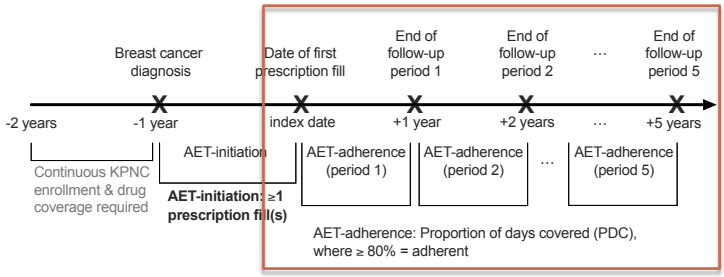
- AET initiation (women who started treatment as prescribed)



13

Outcome measurement

- AET initiation (women who started treatment as prescribed)
- AET adherence (women who continued treatment as prescribed)



14

Low AET initiation among AIAN

83% were AET initiators

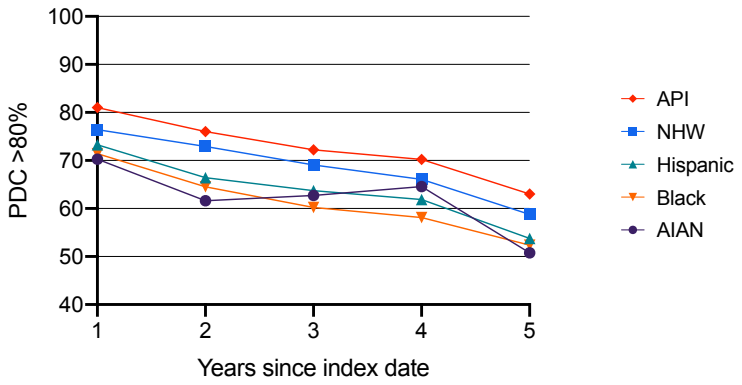
- AIAN women had the second lowest AET initiation

Race	%
API	84.7
Hispanic	83.0
White	82.5
AIAN	**78.6**
Black	78.0

15 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

15

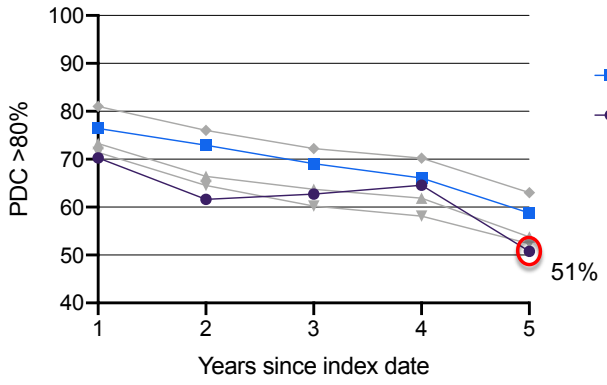
AET adherence by race over 5 years



16 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

16

AIAN AET-adherence



17 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

17

AET treatment gap

At the end of the 5-year period, total underutilization (combining initiation and adherence) in AET eligible was greatest among AIAN (70.6%)

Race	%
API	52.3
White	58.7
Hispanic	63.2
Black	69.6
AIAN	**70.6**

18 UNC LINEBERGER COMPREHENSIVE CANCER CENTER

18

The takeaways

- Our results suggest that AET initiation and adherence are particularly low for insured, urban AIAN women
- Results may represent a "best-case scenario" for access yet still highlights substantial racial disparities
- Interventions that address barriers specific to AIAN women are needed

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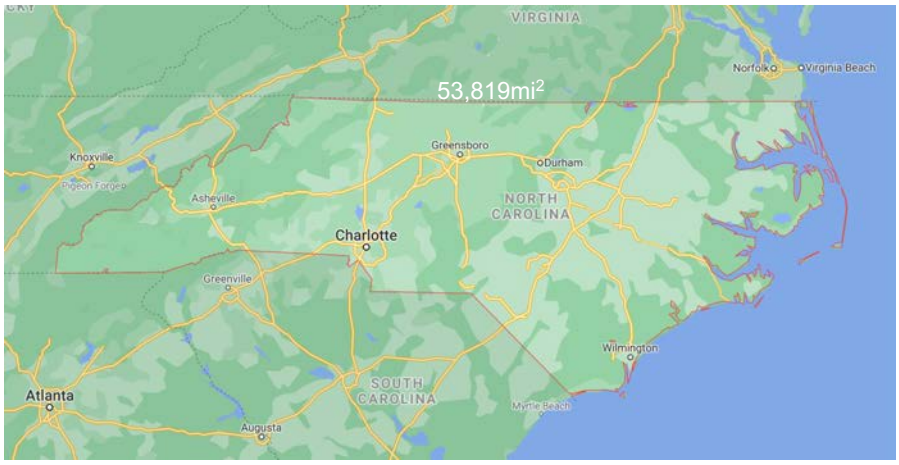

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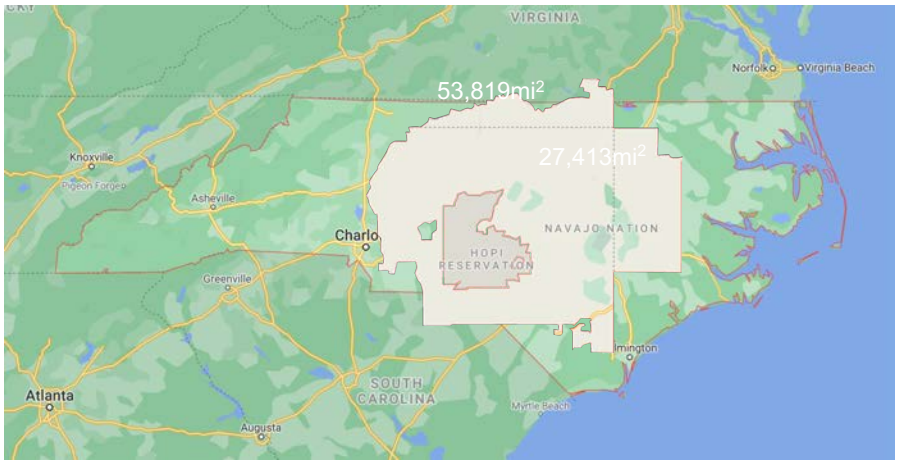
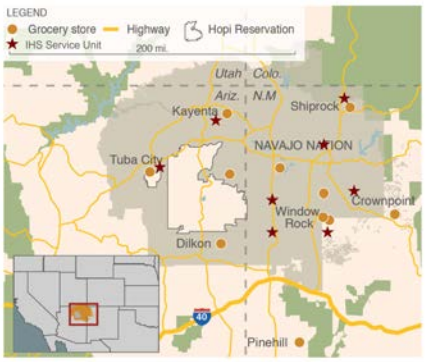
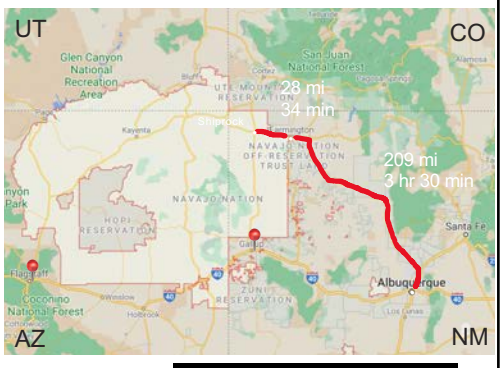
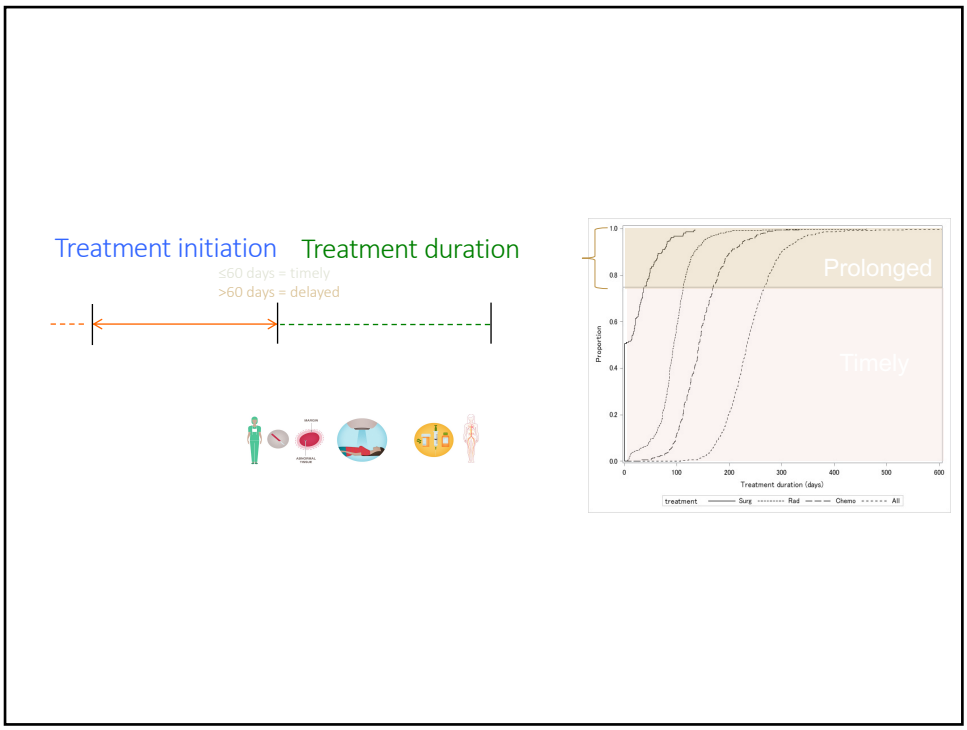

VIRGINIA
Norfolk
Virginia Beach
53,819mi²
27,413mi²
Knoxville
Pigeon Forge
Asheville
Charlo
NAVAJO NATION
HOPI RESERVATION
Greenville
Imington
Atlanta
SOUTH CAROLINA
Myrtle Beach
Augusta

21

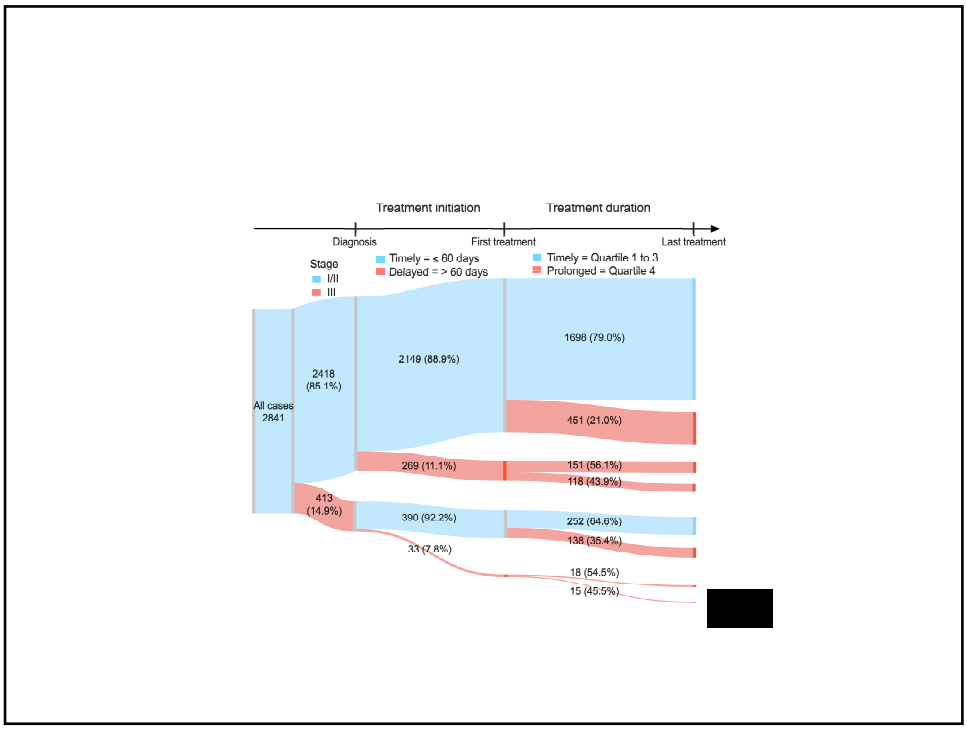

LEGEND
Grocery store
Highway
Hopi Reservation
IHS Service Unit
200 mi
Utah
Colo.
Ariz.
N.M
Kayenta
Shiprock
NAVAJO NATION
Tuba City
Window Rock
Crownpoint
Dilkon
Pinehill


UT
CO
AZ
NM
Glen Canyon National Recreation Area
San Juan National Forest
28 mi
34 min
209 mi
3 hr 30 min
NAVAJO NATION
HOPI RESERVATION
ZUNI RESERVATION
Coconino National Forest
Flagstaff
Santa Fe
Albuquerque

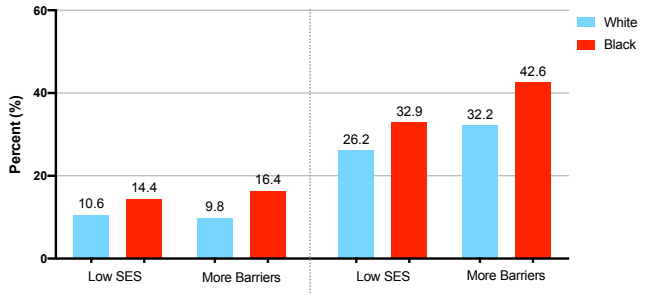
22


Treatment initiation
Treatment duration
≤60 days = timely
>60 days = delayed
Prolonged
Timely
Proportion
Treatment duration (days)
treatment
Surg
Rad
Chemo
All

23


Treatment initiation
Treatment duration
Diagnosis
First treatment
Last treatment
Stage
I/II
III
Timely = ≤ 60 days
Delayed = > 60 days
Timely = Quartile 1 to 3
Prolonged = Quartile 4
All cases
2841
2418
(85.1%)
413
(14.9%)
2149 (88.9%)
269 (11.1%)
390 (92.2%)
33 (7.8%)
1698 (79.0%)
451 (21.0%)
151 (56.1%)
118 (43.9%)
252 (64.6%)
138 (35.4%)
18 (54.5%)
15 (45.5%)

24



Delayed treatment initiation (>60 days diagnosis to 1st treatment)

Prolonged treatment duration (Highest quartile)

25

-
-

News > Reuters Health Information

US Black Women With Breast Cancer Face Delayed, Longer-Lasting Treatment

By Lisa Rapaport
September 22, 2020

REUTERS

(Reuters Health) - Black women diagnosed with breast cancer in the U.S. are more likely to experience delayed treatment initiation and prolonged treatment duration that white women, a new study suggests.

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Cancer care project: Steering committee

27

MEETING THE CANCER PREVENTION AND CARE NEEDS OF NORTH CAROLINA'S INDIGENOUS COMMUNITIES

Ronny A. Bell, PhD, MS
Professor of Social Sciences and Health Policy
Wake Forest School of Medicine
Director, Office of Cancer Health Equity
Wake Forest Baptist Comprehensive Cancer Center

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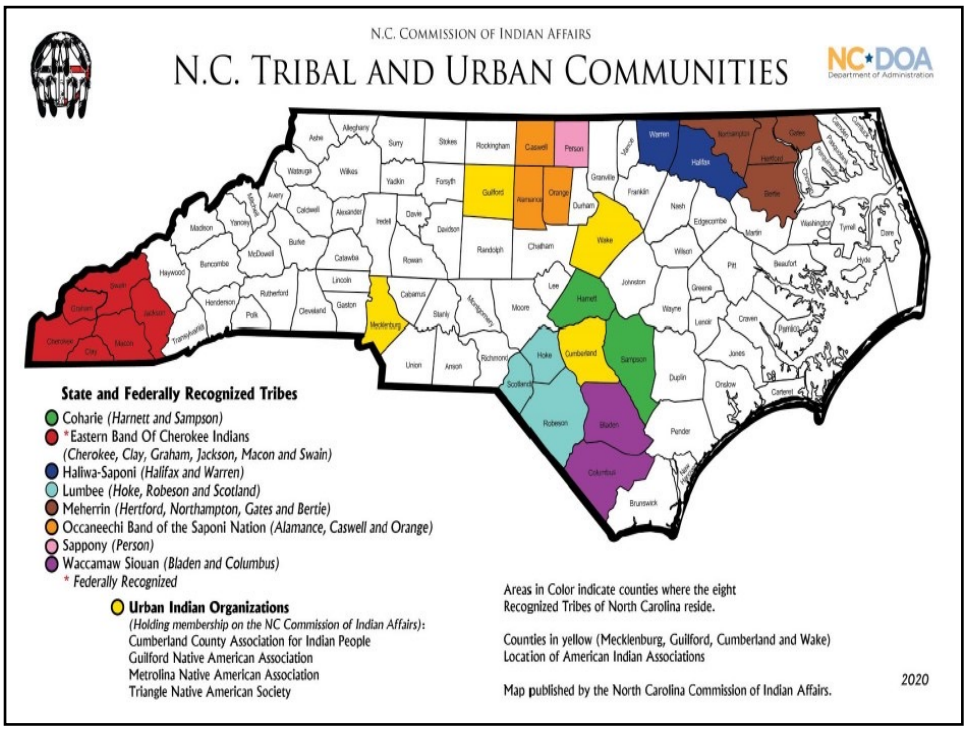
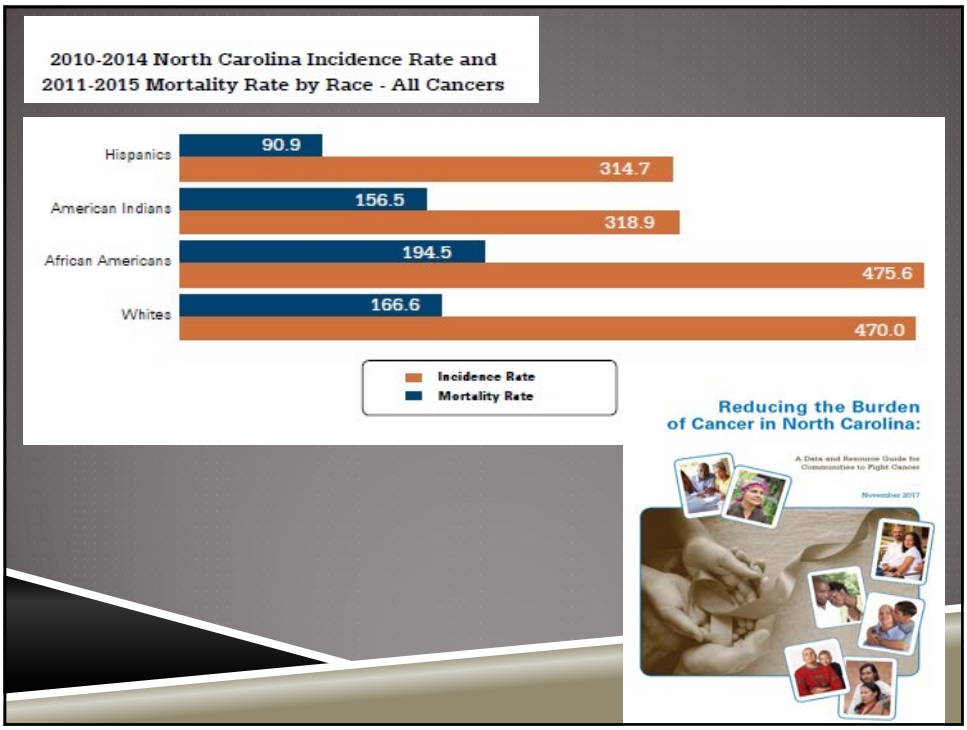

N.C. Commission of Indian Affairs
N.C. Tribal and Urban Communities
NC DOA
Department of Administration
State and Federally Recognized Tribes
Coharie (Harnett and Sampson)
*Eastern Band Of Cherokee Indians
(Cherokee, Clay, Graham, Jackson, Macon and Swain)
Haliwa-Saponi (Halifax and Warren)
Lumbee (Hoke, 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

29


Black or African American alone, percent (a) 22.2%
American Indian and Alaska Native alone, percent (a) 1.6%
Asian alone, percent (a) 3.2%
Native Hawaiian and Other Pacific Islander alone, percent (a) 0.1%
Two or More Races, percent 2.3%
Hispanic or Latino, percent (b) 9.8%
White alone, not Hispanic or Latino, percent 62.6%

30



31

2015-2019 NORTH CAROLINA CANCER INCIDENCE RATES BY RACE AND ETHNICITY
PER 100,000 POPULATION
AGE-ADJUSTED TO THE 2000 U.S. STANDARD POPULATION

SITE	Non-Hispanic Whites		Non-Hispanic African Americans		Non-Hispanic American Indians		Non-Hispanic Other Races		Hispanics		All Races and Ethnicities	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Oral Cavity	6,310	13.6	1,090	8.8	43	6.5	183	14.7	175	7.2	7,801	12.3
Esophagus	2,061	4.3	430	3.6	12	**	42	3.7	43	2.4	2,588	4.0
Stomach	2,302	4.9	1,084	9.6	33	5.3	147	13.2	207	9.0	3,773	6.1
Colon/Rectum	15,572	34.6	4,468	38.4	196	30.5	619	49.9	622	28.5	21,477	35.2
Liver	3,825	7.8	1,156	8.8	62	9.2	156	13.9	223	10.6	5,422	8.2
Gallbladder	364	0.8	194	1.7	7	**	20	2.2	41	1.9	626	1.0
Pancreas	5,822	12.1	1,847	16.1	58	9.0	122	11.7	208	11.0	8,057	12.8
Larynx	1,746	3.7	576	4.6	29	4.3	28	2.1	39	2.1	2,418	3.7
Lung & Bronchus	31,838	65.0	6,982	59.2	433	66.3	502	46.7	551	33.2	40,306	62.8
Bones & Joints	350	1.0	76	0.7	7	**	27	2.2	31	0.7	491	0.9
Soft Tissue	1,305	3.1	349	3.1	14	**	61	4.6	101	3.0	1,830	3.2
Melanoma (Skin)	14,352	33.0	89	0.8	22	4.0	690	58.5	149	6.6	15,302	25.5
Female Breast	39,009	166.2	10,908	162.8	362	102.5	1,353	186.7	1,580	120.9	53,212	163.4
Cervix Uteri	1,154	6.4	456	7.2	24	7.3	66	8.2	173	11.4	1,873	6.7
Corpus Uteri	6,187	24.9	1,851	26.3	64	18.4	232	32.2	353	26.9	8,687	25.3
Ovary	2,336	10.2	485	7.5	22	6.5	97	13.7	131	9.3	3,071	9.6
Prostate	24,128	102.2	9,589	175.8	277	84.8	1,313	263.6	722	81.8	36,029	116.9
Testes	971	6.6	92	1.8	8	**	30	3.3	114	4.3	1,215	5.1
Bladder	10,004	20.8	1,293	11.5	62	10.4	187	18.1	164	10.2	11,710	18.8
Kidney	7,691	16.9	2,311	19.3	110	16.9	158	12.4	358	15.4	10,628	17.1
Endocrine	4,774	13.1	1,014	8.8	60	9.6	314	19.9	439	12.4	6,601	12.1
Multiple Myeloma	2,783	5.8	1,650	14.4	37	6.1	75	7.3	145	7.3	4,690	7.5
Leukemia	5,909	13.1	1,123	9.9	56	9.6	244	21.8	275	11.5	7,607	12.6
Brain & Other CNS (includes benign brain)	8,290	19.8	1,984	17.7	66	10.8	336	25.9	478	17.3	11,154	19.2
Brain & Other CNS (excludes benign brain)	2,792	6.9	454	4.0	26	4.1	97	7.1	147	4.4	3,516	6.2
Hodgkin Disease	855	2.5	316	2.7	11	**	42	2.5	80	2.3	1,304	2.5
Non-Hodgkin Lymphoma	8,038	17.5	1,510	13.0	43	6.6	261	21.9	394	17.3	10,246	16.8
Other Cancer	15,728	34.7	3,663	32.5	147	23.0	602	54.0	659	29.2	20,799	34.5
All Cancers	218,206	475.2	55,056	462.9	2,225	342.6	7,668	636.7	8,124	351.9	291,279	469.2

https://schs.dph.ncdhhs.gov/schs/CCB/Incidence/2019/2019-5Year-CancerIncidenceByRaceEthnicity-v2.pdf

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2015-2019 North Carolina Cancer Mortality Rates by Race and Ethnicity
Per 100,000 Population
Age-Adjusted to the 2000 US 2000 Standard Population

SITE	Non-Hispanic Whites		Non-Hispanic African		Non-Hispanic American Indians		Non-Hispanic Other Races		Hispanics		All Races and Ethnicities	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ORAL CAVITY	1,259	2.6	333	2.8	13	**	25	2.2	20	1.0	1,654	2.6
ESOPHAGUS	1,794	3.7	344	2.9	8	**	14	**	30	1.8	2,192	3.4
STOMACH	998	2.1	564	5.3	22	3.5	49	4.8	94	4.2	1,729	2.9
COLON/RECTUM	5,728	12.4	1,882	16.9	82	14.1	83	7.4	166	9.2	7,956	13.0
LIVER	3,037	6.2	998	7.8	65	9.4	78	7.8	128	7.2	4,320	6.6
GALLBLADDER	225	0.5	112	1.0	6	**	12	**	17	1.0	372	0.6
PANCREAS	5,041	10.5	1,550	13.7	69	11.5	72	7.2	127	7.9	6,867	10.9
LARYNX	433	0.9	207	1.7	11	**	5	**	5	**	662	1.0
LUNG/BRONCHUS	21,100	43.3	4,662	40.8	324	51.0	211	21.8	280	17.9	26,629	42.0
BONE	162	0.4	41	0.4	2	**	2	**	12	**	219	0.4
SOFT TISSUE	561	1.3	184	1.6	8	**	11	**	43	1.9	807	1.4
MELANOMA (SKIN)	1,278	2.8	46	0.4	0	0.0	1	**	10	**	1,339	2.2
FEMALE BREAST	4,804	19.0	1,794	27.1	79	22.1	80	11.7	159	13.8	6,928	20.5
CERVIX UTERI	372	1.8	182	2.8	6	**	14	**	17	1.6	593	2.0
CORPUS UTERI	1,063	4.0	576	8.5	13	**	23	3.4	36	3.9	1,712	4.8
OVARY	1,591	6.2	332	5.0	18	4.9	37	5.9	41	4.6	2,028	5.9
PROSTATE	3,204	16.5	1,438	40.1	44	22.8	32	9.2	60	10.9	4,786	19.7
TESTES	28	0.2	6	**	1	**	1	**	5	**	41	0.2
BLADDER	2,073	4.4	363	3.5	16	2.9	14	**	32	2.5	2,501	4.1
KIDNEY	1,786	3.8	419	3.7	16	2.4	15	**	44	2.2	2,284	3.7
ENDOCRINE	312	0.7	102	0.9	5	**	7	**	17	0.7	443	0.7
MULTIPLE MYELOMA	1,439	3.0	700	6.7	17	3.0	13	**	37	2.1	2,213	3.6
LEUKEMIA	2,894	6.3	564	5.2	24	4.0	46	4.8	104	5.6	3,640	6.1
BRAIN/OTHER CNS	2,108	4.7	285	2.5	13	**	35	3.1	59	2.6	2,504	4.1
HODGKINS DISEASE	121	0.3	31	0.3	2	**	2	**	4	**	161	0.3
NON-HODGKINS LYMPHOMA	2,448	5.2	438	4.0	19	2.9	39	4.0	66	4.0	3,017	5.0
OTHER CANCERS	7,954	16.8	2,025	18.1	87	13.8	98	9.3	175	10.3	10,368	16.9
ALL CANCERS	73,813	155.6	20,178	180.2	970	156.3	1,019	98.8	1,788	100.9	97,965	158.0

Produced by the NC Central Cancer Registry, 12/2020
**Cancer mortality rates based on any cancer deaths less than 16 are suppressed as they are not stable.
Cases may not sum to totals due to unknown or other values.
Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics available online at www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2019.

https://schs.dph.ncdhhs.gov/schs/CCR/2015-2019-NC-MortalitybyRaceandEthnicity-v5.pdf

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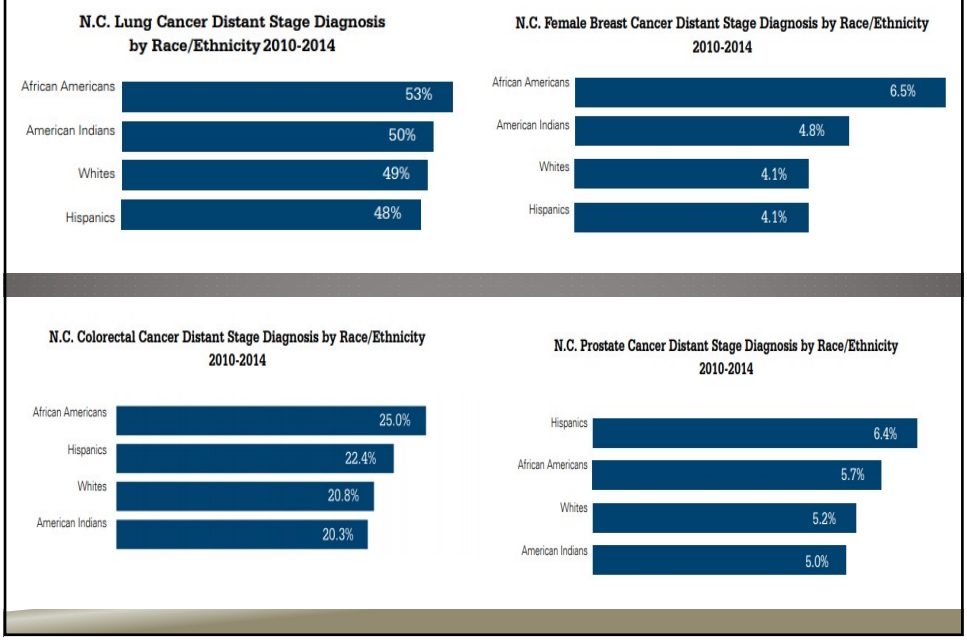
Reducing the Burden of Cancer in North Carolina 2017



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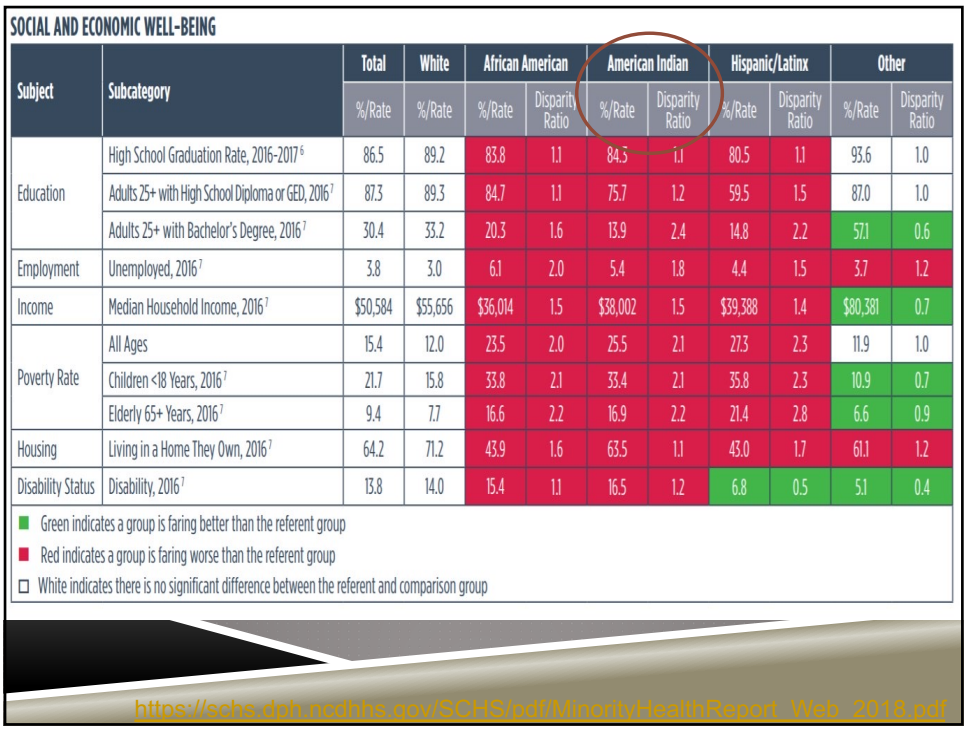

SOCIAL AND ECONOMIC WELL-BEING

Subject	Subcategory	Total	White	African American		American Indian		Hispanic/Latinx		Other	
		%/Rate	%/Rate	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio
Education	High School Graduation Rate, 2016-2017[6]	86.5	89.2	83.8	1.1	84.3	1.1	80.5	1.1	93.6	1.0
	Adults 25+ with High School Diploma or GED, 2016[7]	87.3	89.3	84.7	1.1	75.7	1.2	59.5	1.5	87.0	1.0
	Adults 25+ with Bachelor's Degree, 2016[7]	30.4	33.2	20.3	1.6	13.9	2.4	14.8	2.2	57.1	0.6
Employment	Unemployed, 2016[7]	3.8	3.0	6.1	2.0	5.4	1.8	4.4	1.5	3.7	1.2
Income	Median Household Income, 2016[7]	$50,584	$55,656	$36,014	1.5	$38,002	1.5	$39,388	1.4	$80,381	0.7
Poverty Rate	All Ages	15.4	12.0	23.5	2.0	25.5	2.1	27.3	2.3	11.9	1.0
	Children <18 Years, 2016[7]	21.7	15.8	33.8	2.1	33.4	2.1	35.8	2.3	10.9	0.7
	Elderly 65+ Years, 2016[7]	9.4	7.7	16.6	2.2	16.9	2.2	21.4	2.8	6.6	0.9
Housing	Living in a Home They Own, 2016[7]	64.2	71.2	43.9	1.6	63.5	1.1	43.0	1.7	61.1	1.2
Disability Status	Disability, 2016[7]	13.8	14.0	15.4	1.1	16.5	1.2	6.8	0.5	5.1	0.4

■ Green indicates a group is faring better than the referent group
■ Red indicates a group is faring worse than the referent group
□ White indicates there is no significant difference between the referent and comparison group

https://schs.dph.ncdhhs.gov/SCHS/pdf/MinorityHealthReport_Web_2018.pdf

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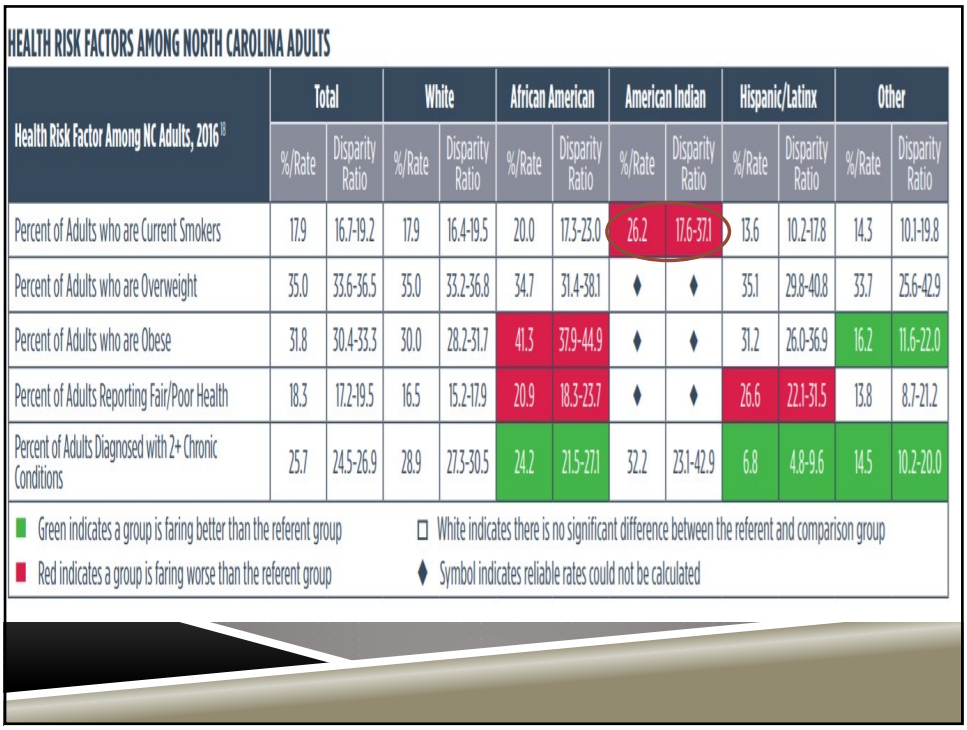

HEALTH RISK FACTORS AMONG NORTH CAROLINA ADULTS

Health Risk Factor Among NC Adults, 2016[8]	Total		White		African American		American Indian		Hispanic/Latinx		Other	
	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio
Percent of Adults who are Current Smokers	17.9	16.7-19.2	17.9	16.4-19.5	20.0	17.3-23.0	26.2	17.6-37.1	13.6	10.2-17.8	14.3	10.1-19.8
Percent of Adults who are Overweight	35.0	33.6-36.5	35.0	33.2-36.8	34.7	31.4-38.1	♦	♦	35.1	29.8-40.8	33.7	25.6-42.9
Percent of Adults who are Obese	31.8	30.4-33.3	30.0	28.2-31.7	41.3	37.9-44.9	♦	♦	31.2	26.0-36.9	16.2	11.6-22.0
Percent of Adults Reporting Fair/Poor Health	18.3	17.2-19.5	16.5	15.2-17.9	20.9	18.3-23.7	♦	♦	26.6	22.1-31.5	13.8	8.7-21.2
Percent of Adults Diagnosed with 2+ Chronic Conditions	25.7	24.5-26.9	28.9	27.3-30.5	24.2	21.5-27.1	32.2	23.1-42.9	6.8	4.8-9.6	14.5	10.2-20.0

■ Green indicates a group is faring better than the referent group
■ Red indicates a group is faring worse than the referent group
□ White indicates there is no significant difference between the referent and comparison group
♦ Symbol indicates reliable rates could not be calculated

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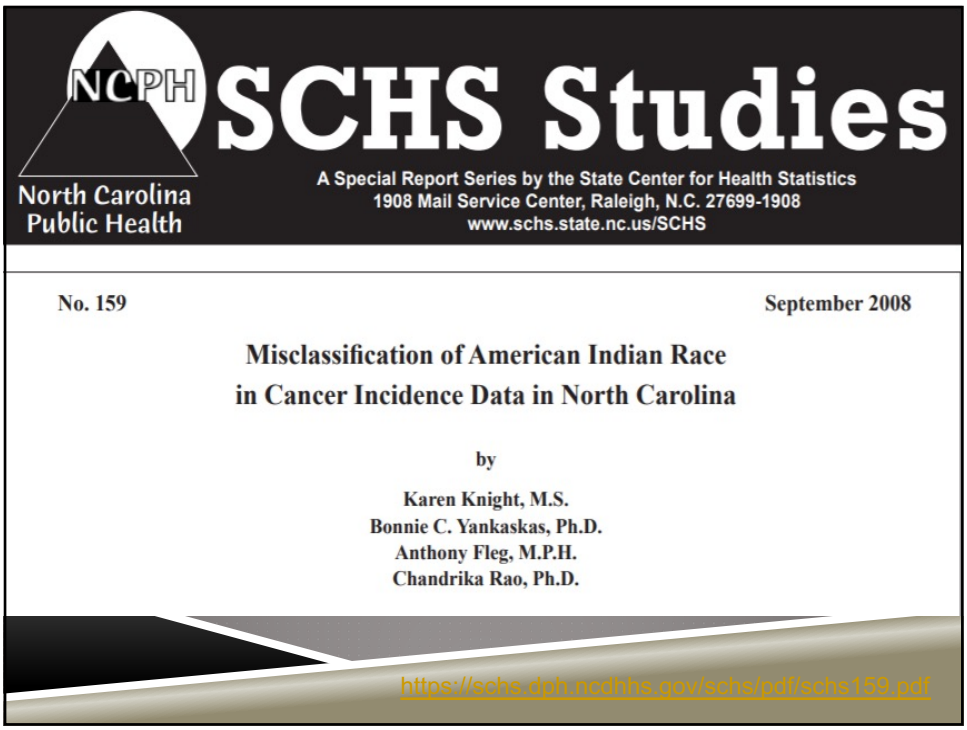

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Table 2. Misclassification of American Indian Race in the CCR, by Tribe

Tribe	Number of CCR Records Matching to Tribal Rolls	Subset with American Indian Race Not Recorded in the CCR	Percent Misclassified
Lumbee	554	86	15.5%
Haliwa-Saponi	20	3	15.0%
Waccamaw-Siouan	23	10	43.5%
Coharie	16	2	12.5%
Occaneechi	9	8	88.9%
Meherrin	2	2	100.0%
Sappony	2	1	50.0%
Total	626	112	17.9%

Caution: All of the percentages by tribe except the one for Robeson are based on small numbers and thus may be statistically unstable.

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Table 3. Comparison of 1996–2000 Cancer Incidence Rates* (Per 100,000 Population) Before and After Correction of Misclassification

	Before Correction						After Correction					
	White		African American		American Indian		White		African American		American Indian	
Cancer Site	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Colon/Rectum	1,496	51.6	583	53.7	46	20.5	1,492	51.4	584	53.9	50	22.7
Lung/Bronchus	2,164	73.1	684	62.4	113	52.5	2,193	74.1	682	62.3	124	57.6
Female Breast	2,327	148.5	827	129.6	118	91.5	2,291	146.0	830	129.9	139	107.6
Prostate	1,651	131.4	907	210.6	120	131.2	1,664	133.1	957	222.7	162	186.1
All Cancers	12,707	435.9	4,858	440.3	635	285.8	12,917	443.2	4,932	447.4	752	341.4

19% increase

* Rates are calculated for the counties of Alamance, Bladen, Columbus, Halifax, Harnett, Hertford, Hoke, Nash, Orange, Person, Robeson, Sampson, Scotland, and Warren, and are age adjusted to the 2000 United States Census population.

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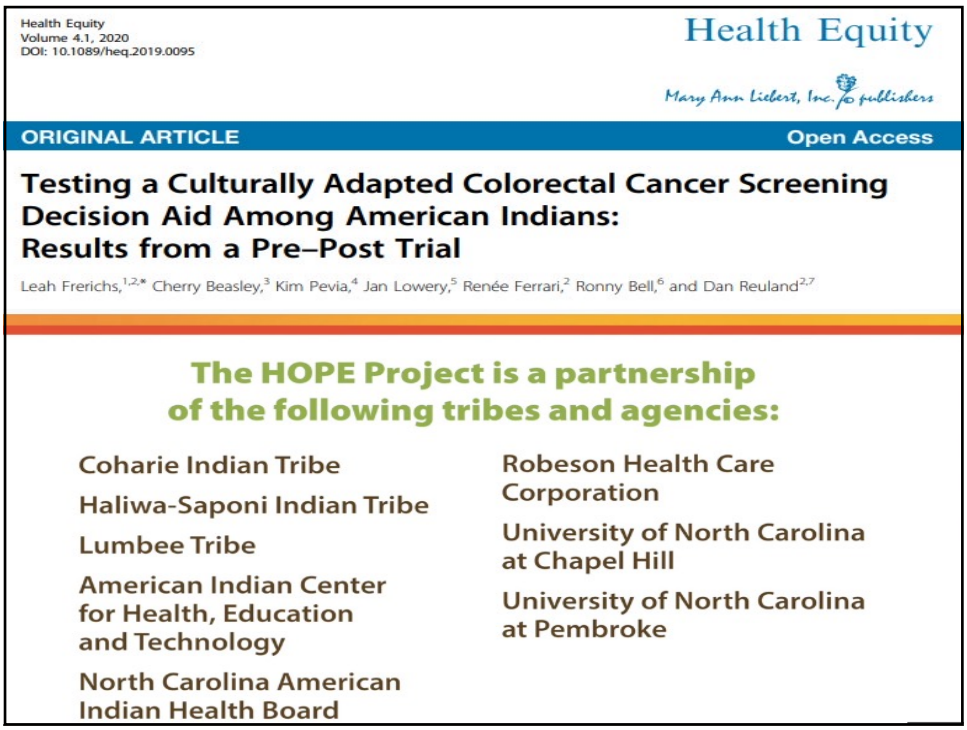
Health Equity
Volume 4.1, 2020
DOI: 10.1089/heq.2019.0095
Health Equity
Mary Ann Liebert, Inc. publishers
ORIGINAL ARTICLE
Open Access
Testing a Culturally Adapted Colorectal Cancer Screening Decision Aid Among American Indians: Results from a Pre–Post Trial
Leah Frerichs,[1,2,*] Cherry Beasley,[3] Kim Pevia,[4] Jan Lowery,[5] Renée Ferrari,[2] Ronny Bell,[6] and Dan Reuland[2,7]
The HOPE Project is a partnership of the following tribes and agencies:
Coharie Indian Tribe
Haliwa-Saponi Indian Tribe
Lumbee Tribe
American Indian Center for Health, Education and Technology
North Carolina American Indian Health Board
Robeson Health Care Corporation
University of North Carolina at Chapel Hill
University of North Carolina at Pembroke

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HOPE
FOBT
COLONOSCOPY
EFFECTIVENESS
average
high
TIME
10-20 minutes
1.5 days
FREQUENCY
every year
every 10 years
DISCOMFORT
low
moderate
RISK OF COMPLICATIONS
0
1 in 1000
COST
$10-$20*
$800-$1600*

42

Table 2.

Pre and Post Means and Mean Changes of Study Outcome Measures

Measure	Pre	Post	Mean change (95% confidence interval)	N	p
Knowledge	0.4	0.8	0.4 (0.3 to 0.4)	102	<0.0001
Attitude					
Pros	3.6	3.9	0.3 (0.1 to 0.4)	102	<0.0001
Cons	1.8	1.7	−0.0 (−0.1 to 0.1)	102	0.861
Perceived social norms	3.2	3.4	0.2 (0.1 to 0.4)	102	0.004
Self-efficacy	3.6	3.8	0.2 (0.1 to 0.3)	102	0.001
Screening intentions	44.0	56.6	12.5 (5.3 to 19.7)	99	0.001
Screening preference, % (*n*)					
Any preference	81.1 (77)	93.1 (94)		95	0.013
FIT/FOBT	21.1 (20)	29.7 (30)			
Colonoscopy	60.0 (57)	63.4 (64)			
Preferences changes, % (*n*)					
FIT/FOBT to colonoscopy		9.5 (9)		95	N/A
Colonoscopy to FIT/FOBT		5.3 (5)			
No preference to FIT/FOBT or colonoscopy		14.7 (14)			
Maintains FIT/FOBT or colonoscopy		62.1 (59)			
Maintains no preference		3.2 (3)			
Retracts initial preference		3.2 (3)			

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NCAIHB MISSION

We are focused on promoting quality health care and healthy lifestyles within American Indian families and communities in North Carolina through research, education and advocacy.

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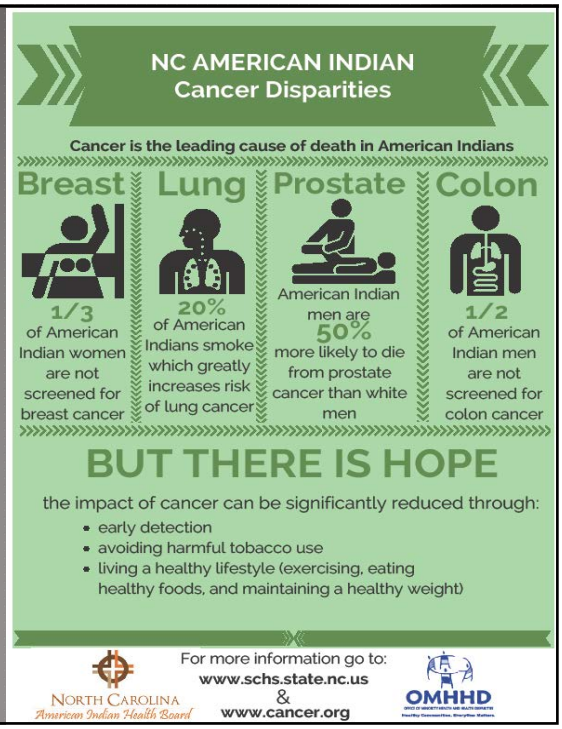
AI CANCER DISPARITIES

- Currently, cancer is the leading cause of death for AIs living in North Carolina
- There is a very low rate of cancer screenings for early detection in AI communities
- Many AI's are using tobacco outside of ceremonial contexts
- AI men are TWICE as likely than white men to die from prostate cancer



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PROSTATE CANCER IN INDIAN COUNTRY: LUMBEE MEN SPEAK OUT

Prostate Cancer in Indian Country: Lumbee Indian Men Speak Out

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Wake Forest School of Medicine
Maya Angelou Center for Health Equity
North Carolina American Indian Health Board
Sacred Hoop Native Health & Wellbeing

NATIVE PATHWAYS TO HEALTH COMMUNITY REPORT

NOVEMBER 2020

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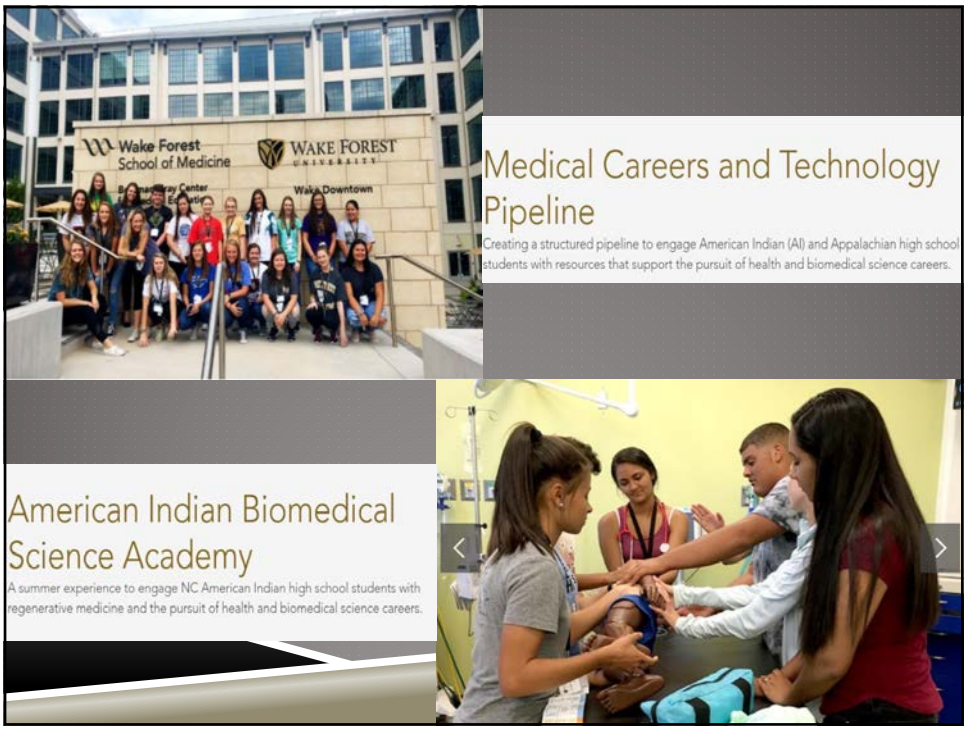
Wake Forest School of Medicine
WAKE FOREST UNIVERSITY
Wake Downtown
Medical Careers and Technology Pipeline
Creating a structured pipeline to engage American Indian (AI) and Appalachian high school students with resources that support the pursuit of health and biomedical science careers.
American Indian Biomedical Science Academy
A summer experience to engage NC American Indian high school students with regenerative medicine and the pursuit of health and biomedical science careers.

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SAVE THE DATE
LUMBEE TRIBE CULTURAL CENTER
Stickball Field/Powwow Grounds
Aquatic Center
Spring Moon Garden Patch
LUMBEE TRIBAL OFFICE
Housing and Program Services
910.521.7861
AMERICAN INDIAN CANCER HEALTH PROMOTION EVENT
SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP (SAICHEP)
A COLLABORATION BETWEEN
Wake Forest Baptist Medical Center
UNC LINEBERGER COMPREHENSIVE CANCER CENTER
Duke Cancer Institute
TOGETHER WITH
GIBSON CANCER CENTER
UNC PEMBROKE
• NETWORKING LUNCH
• CANCER HEALTH EDUCATION
• FREE GIVEAWAYS
• HEALTHY COOKING DEMONSTRATIONS BY LOCAL CHEFS
• CANCER SCREENING INFORMATION
WHERE:
LUMBEE CULTURAL CENTER
157-, 207 TERRY SANFORD DR.
MAXTON, NC 28364
WHEN:
OCTOBER 23RD, 2021
10AM - 2PM

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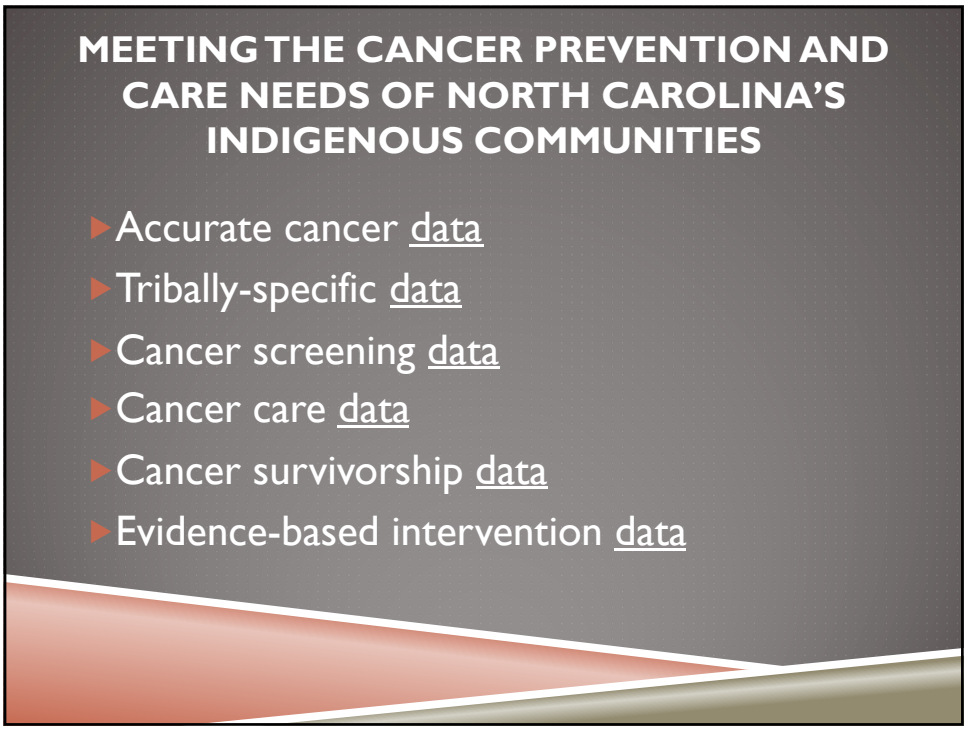
MEETING THE CANCER PREVENTION AND CARE NEEDS OF NORTH CAROLINA'S INDIGENOUS COMMUNITIES
Accurate cancer data
Tribally-specific data
Cancer screening data
Cancer care data
Cancer survivorship data
Evidence-based intervention data

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