PERSPECTIVES from the Oregon PRC

News from the Center for Healthy Communities

September 2011

What's New at the Center?

Contemporary Northwest Tribal Health Conference, March 25-26, 2011

The Northwest Native American Research Centers for Health (NARCH), the Northwest Portland Area Indian Health Board, and The Center for Healthy Communities hosted the first Contemporary Northwest Tribal Health Conference at the Avalon Hotel & Spa in Portland, Oregon. Eighty-seven participants attended the one and a half day conference, including tribal delegates, tribal and community members, academic researchers, and Indian Health Board employees. Seven of the NARCH Faculty traveled from around the country to share their research projects in a poster presentation. Through the support of the NW NARCH program, some of the students have earned their doctorate in a biomedical or health research field, bringing academic research benefits and experience to their native communities to reduce health disparities.

Researchers from Portland Area and Seattle Indian Health Boards, Oregon Health & Science University, Washington State University, University of Washington, University of Oregon, and NW Indian College gave oral and poster presentations. Conference topics included child safety restraint use, child tooth decay prevention, CPT1A deficiency in AN children, healthy and empowered youth, historical trauma, substance abuse, medical discrimination among AI women with diabetes, cancer prevention, cancer navigators, record linkages to improve AI/AN health, and urban Indian health.

Initial feedback has been positive, with formal evaluation of the conference being currently conducted. The 2nd Contemporary Northwest Tribal Health Conference is expected to be held in the spring of 2013.

PRC Prevention Research Centers

In this Issue

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Colorectal Cancer Screening Toolkit in NW Tribes Project

We are pleased to announce that our Center has begun to develop a *Colorectal Cancer Screening Toolkit* in three Northwest tribal communities. The project is contracted with the Northwest Portland Area Indian Health Board (NPAIHB) and led by Medical Epidemiologist and Indian Health Service physician Dr. Thomas Weiser, and Kerri Lopez, Director of The Northwest Tribal Cancer Control Project. Dr. Weiser and staff at the NPAIHB have experience in the development of health-related toolkits. We hope that this project will address an important health disparity that exists in screening for early detection of, and ultimately survival from, colorectal cancer among Northwest American Indians and Alaska Natives.

Legacy Internal Medicine (IM) Clinic Project Summary

Devers Eye Institute (DEI) is collaborating with the Legacy Northwest Internal Medicine (IM) Clinic in Portland, Oregon, in its first clinical telemedicine program within the Legacy Health System (LHS). In addition to developing the infrastructure for an ophthalmic telemedicine program, the goals of the three month pilot program are to capture the large percentage of diabetic patients who seek care at the clinic but do not obtain yearly diabetic eye exams, and to expand the telemedicine program throughout Legacy's system of clinics and hospitals. To assist in the transition from a research to a clinical setting, DEI has created a user-friendly application that will be used to securely transfer images and other pertinent data from the clinic to DEI. The program was specifically designed to walk users through the image submission process via a wizard interface, improving efficiency and reducing data entry errors.

Center of Excellence Proposal

In response to an announcement from the National Institute of Minority Health and Health Disparities, we have recently submitted a program project application to develop a center of excellence in minority health. This effort involved colleagues at the Northwest Portland Area Indian Health Board and Portland State University. Three premises underlie our Center of Excellence (COE) consortium in the grant application. First, substantial health disparities for Northwest AI/ANs compared to non-AI/ANs persist, despite decades of effort by tribal, state, and federal health care programs. Second, because of negative experiences with non-AI/AN researchers who did not respect tribal needs or sensitivities, AI/AN communities distrust health research. This persists even though carefully implemented health research has the potential to provide solutions to reduce and ultimately eliminate existing health disparities. Third, health research done by highly skilled AI/ANs who are sensitive to the specific concerns and culture of NW Indian communities can bridge the gap between academia and community. Currently we lack the critical mass of AI/AN researchers necessary to accomplish this task. In response to these three issues, OHSU, NPAIHB, and PSU established a tribal-academic partnership for health research and training, focused on eliminating tribal health disparities through a new COE.

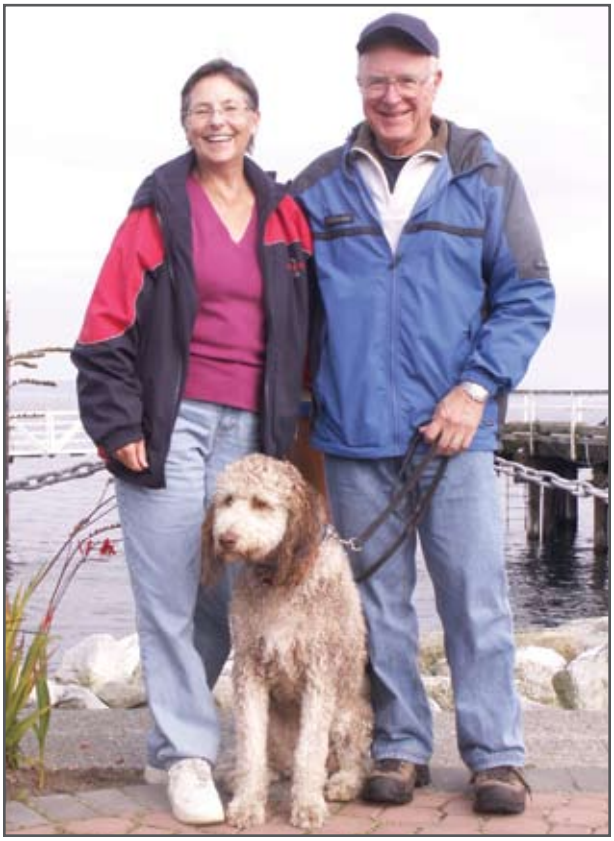
The program has three goals. First, enhance the partnerships between academic institutions and tribal members and communities, combining scientific and technical knowledge with valuable personal and cultural knowledge. Second, reduce disparities and improve the health of NW AI/AN communities through two initial research projects. These projects are a community trial for the development of life saving skills in AI middle school students, and a trial of fluoride varnish (FV) applications provided by medical personnel for early childhood caries prevention. Third, develop a pipeline of AI/AN health researchers at the partner institutions by enhancing existing training programs and new curricula. Our COE will build a wide-reaching, multi-layered infrastructure, addressing health problems of critical importance to the tribes, and increasing the skills of AI/AN researchers.

We believe this work is important to tribal health in this region. We will know more about the funding status for the project in the fall.

Up Close with Linda Howarth

Linda Howarth has been the program manager for Dangerous Decibels since 2001. Linda was born in England, grew up in Canada, and after living here for more than 30 years, became a US citizen at the end of May 2011. She received her BA in Physiology and Psychology from Carleton University in Ottawa, Canada. She has been a research assistant and head technician in several basic science laboratories in Ottawa and Eugene, the co-owner of a desktop publishing company in Seattle, and the public information specialist then administrator for the Virginia Merrill Bloedel Hearing Research Center at the University of Washington.

In her spare time, Linda keeps busy with her garden, sewing, and woodworking. She loves taking long walks with her dog Tula (Aussie Doodle – Australian shepherd, Poodle mix), taking care of her five-year-old granddaughter Madison on Friday mornings, and working on home improvement projects with her husband Gig. Together they enjoy camping, reading, cooking, and time with friends.



Linda, Gig & Tula.

2011 Summer Institute, June 13 – 30, 2011

Dr. Simoes presenting at a special noon-time lecture.

Once again, our Center in partnership with the Northwest Portland Area Indian Health Board, put on another successful Summer Institute! The 2011 Summer Institute hosted 80 American Indian/Alaska Native health professionals who participated in this three-week long research training. Course evaluations and feedback from students suggest that we have had another successful year.

A highlight of this year's Institute included guest instructor, Dr. Eduardo Simoes, Director of the Prevention Research Centers Program at the Centers for Disease Control and Prevention (CDC). Dr Simoes co-instructed the Epidemiology Methods course and presented a special noon-time lecture to trainees on career development, training, and employment opportunities at the Centers for Disease Control and Prevention.

We'd like to give special thanks to all the staff, instructors, and guest presenters that helped make the 2011 Summer Institute a success.

Native VOICES:

Developing an Evidence-based HIV/STD and Pregnancy Prevention Intervention for Native Teens and Young Adults in the Pacific Northwest

By Wendee Gardner
& Stephanie Craig Rushing

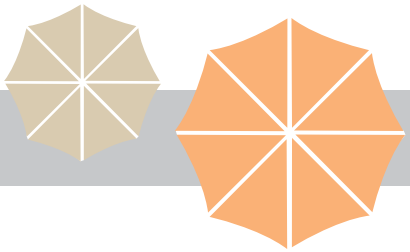
In response to high rates of sexually transmitted diseases (STDs) and teen pregnancy among American Indian and Alaska Native (AI/AN) youth, the Northwest Portland Area Indian Health Board's STD/HIV prevention project, Project Red Talon, is developing an evidence-based sexual health video for Native teens and young adults. The Native VOICES adaptation project is supported by a three-year grant from the Indian Health Service, issued through the Native American Research Centers for Health (NARCH) program.

The project is working closely with tribal and Indian Health Service partners to adapt a CDC-recognized intervention, Video Opportunities for Innovative Condom Education and Safer Sex (VOICES), and to evaluate its effectiveness as a sexual health resource for AI/AN teens and young adults 15-24 years old.

The VOICES intervention is a single-session, video-based STD/HIV prevention intervention designed for African American and Latino adults, with several culturally specific videos available. Skills in condom use and negotiation are modeled in the videos then role-played by participants and practiced in small groups. At the end of the 45-minute facilitator-led session, participants are given condoms based on their individual preference. Evaluation studies found that VOICES participants demonstrated 1) an increased knowledge about the transmission of STD/HIV; 2) a more realistic assessment of their personal risk; 3) a greater likelihood of getting condoms and intending to use them regularly; and 4) fewer repeat STD infections. [1-3]

To adapt the VOICES intervention for Native youth and young adults, the project will host a series of talking circles, individual

Youth from several tribes in the Pacific NW participated in a NPAIHB sexual health training at the Teen Summit (Centralia, WA, July 2009)



interviews, and community feedback sessions with tribal and urban-based partners in the Pacific Northwest over the next three years. Project staff will also seek input from clinicians, health educators, and staff at AI/AN youth-serving organizations on the feasibility of the Native VOICES intervention and ways to successfully integrate the intervention into the flow of clinical and social services.

To date the Native VOICES project is on target to achieve the proposed goals and objectives. Namely, project staff have successfully employed inclusive community-based participatory research strategies that involve community members in all aspects of the project, including the study design, data collection, and interpretation. Additionally, project staff have collaborated with urban and tribal-based partners to develop the project protocol, select appropriate dates and venues for focus groups/interviews, and devise community-appropriate strategies for recruiting participants. With the support and guidance of project partners, staff have developed memorandums of understanding, data sharing plans, and have achieved full tribal council/health clinic approval to begin data collection.

With a community-based, youth-centered approach, the Native VOICES project will not only further our understanding of the sexual norms among Native teens and young adults, it will also produce an evidence-based video intervention designed to reduce risk for STD/HIV and unwanted pregnancy for this population, while offering communities an intervention choice that is cost-effective and viable.

As always, Project Red Talon is committed to supporting healthy decision-making among Native teens and young adults. If found to be effective, the Native VOICES intervention will be a one-of-a-kind, culturally-appropriate resource for tribes and tribal organizations throughout the US.

For additional information about the Native VOICES adaptation project please contact Wendee Gardner, Project Coordinator, at wgardner@npaihb.org or (503) 416-3275.

For additional information about the Native-specific sexual health resources offered by Project Red Talon visit: http://www.npaihb.org/epicenter/project/project_red_talon/ or contact Stephanie Craig Rushing, Project Director, at scraig@npaihb.org or (503) 416-3290.

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Wendee Gardner, MPH, (Stockbridge-Munsee Band of Mohican Indians) is a project coordinator at the Northwest Portland Area Indian Health Board, an organization partnering with the 43 tribes in Washington, Oregon, and Idaho to improve the health and wellbeing of Native people in the Pacific Northwest. Currently Wendee is working with youth, staff at youth-serving organizations, and other tribal and urban-based community members to create and disseminate a culturally-appropriate sexual health video called Native VOICES. Prior to joining NPAIHB Wendee worked at the Centers for Disease Control and Prevention (CDC), collaborating with colleagues at Indian Health Services, Music Television Network (MTV), Kaiser Family Foundation and Planned Parenthood to outreach to AI/AN youth through the GYT: Get Yourself Tested Campaign. Wendee received her Masters of Public Health at Emory University, where she concentrated on International Community Health and Development.

Stephanie Craig Rushing, PhD, MPH, is the Director of Project Red Talon, a STD/HIV prevention program serving tribes in the Pacific Northwest (OR, WA, ID). Stephanie has over 18 years of experience working in tribal communities and for tribal organizations, and has worked at the Northwest Portland Area Indian Health Board for the past eight years. At the Board, she has focused her efforts on developing culturally-appropriate educational materials and social marketing campaigns, facilitating intertribal coalitions and action plans, and assisting with tribal health program planning and policy change. Stephanie completed her Masters of Public Health concentrating on International Health Development at Boston University, and her Ph.D. in Public Administration and Policy at the Hatfield School of Government at Portland State University, focusing on Community Health and Social Change.

Colorectal Cancer: Screening Saves Lives

By Julia Dilley, PhD, MES

Colorectal cancer is the third leading cancer diagnosed among American Indian and Alaska Native (AI/AN) people in the Pacific Northwest, and the second leading cause of cancer death among AI/AN men and women combined. The American Cancer Society reports that about 1 in 20 people will be affected by colon cancer in their lifetime. Regular screening saves lives, as cancers that are identified early are more likely to be treated successfully.

Colorectal cancer usually takes several years to develop. Typically, a non-cancerous growth called a "polyp" is first seen inside the colon or rectum. Some polyps can become malignant, but others never do. Sometimes there is just an abnormal section of tissue called a "dysplasia" that can become cancerous. If cancer cells get into the wall of the colon or rectum, they can spread to the rest of the body.

What is screening?

Screening tests are designed to find polyps and cancer. Sigmoidoscopy and colonoscopy are common exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. A fecal occult blood test (FOBT) is where patients collect a sample from a bowel movement at home and send it to a laboratory for analysis.

The Portland Area Indian Health Service (IHS) reports that 38% of patients ages 51-80 had colorectal cancer screening in the past year, which is similar to the rate of 37% for the entire IHS. The 2010 IHS goal is to have 50% of eligible patients screened. This means that improvement in screening is needed.

About 35% of colorectal cancer cases diagnosed among Pacific Northwest AI/AN people during 2004-07 were diagnosed as early-stage. About two-thirds were late-stage - or more dangerous - cases. Some of these more advanced cases might have been identified in earlier stages with routine screening.

Why don't people get screened?

The Washington State Department of Health has performed studies to learn more about why people don't get screened. In recent years, the studies have included some specific questions about colon cancer screenings on the Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey of adults that asks about a variety of health-related factors. The survey revealed some important reasons why we need to focus on educating the public, including the AI/AN community, about colon cancer screening.

Similar to Portland IHS findings, BRFSS results showed that not

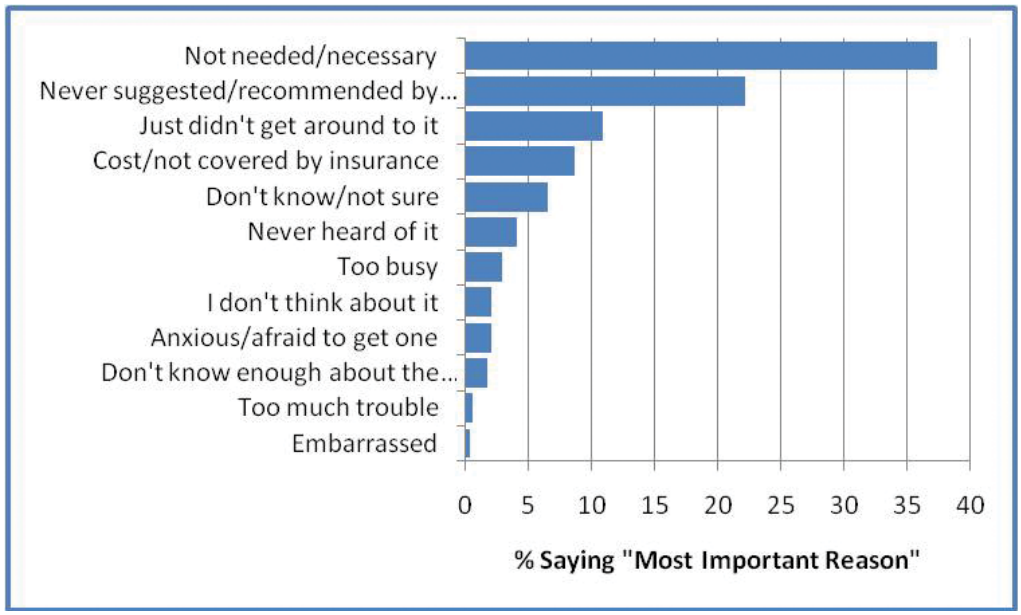

Figure: Reasons why AI/AN adults in Washington State said they have never had colorectal cancer screening

Source: Washington State BRFSS 2004 & 2006 combined, AI/AN adults age 50 and older who had never had a colonoscopy/sigmoidoscopy (N=112).

enough AI/AN adults in Washington State were receiving colon cancer screening. AI/AN adults were significantly less likely than non-Native adults to have had recommended colon cancer screening: only about half (53%) of AI/AN adults over age 50 said they had ever had a sigmoidoscopy or colonoscopy, in comparison with two-thirds (66%) of non-Native adults over age 50. Significantly fewer AI/AN adults than non-Native adults over age 50 had ever even talked with their healthcare provider about colorectal cancer screenings (42% vs. 56%).

The survey also asked adults over age 50 who had never had recommended screening what was the most important reason why they had never had colorectal cancer screening (see Figure). The most common reason why people said they had never had colorectal cancer screening was that they thought it was not necessary (37%), even though they are in the age group where screening is recommended. The second most common reason people gave was that their healthcare provider had never discussed or recommended the test (22%).

With fewer than half of AI/AN adults who should be getting colorectal cancer screening saying their doctors have ever talked with them about it, and with so many unscreened AIAN adults saying they don't know they should be getting screening, one obvious way to improve screening is to have healthcare providers talk with their patients about when to get screened, and how important it is.

Who should get colon cancer screening?

Beginning at age 50, all men and women should be regularly screened for colorectal cancer. This is the recommendation of both the American Cancer Society and the Centers for Disease Control and Prevention (CDC). People with a family history of colorectal cancer should talk with their healthcare provider about being screened at younger ages or more frequently. After age 75, healthcare providers and their patients should make a decision together about how often to continue screening.

Screening for colorectal cancer should include one of the following:

- High-sensitivity fecal occult blood test (FOBT), which checks for hidden blood in three consecutive stool samples. This screening should be done every year.
- Flexible sigmoidoscopy, where physicians use a flexible, lighted tube (sigmoidoscope) to look at the interior walls of the rectum and part of the colon. This should be done every five years.
- Colonoscopy, where physicians use a flexible, lighted tube (colonoscope) to look at the interior walls of the rectum and the entire colon. This should be done every 10 years. During this procedure, samples of tissue may be collected for closer examination, or polyps may be removed. Colonoscopies can be used as screening tests, as a diagnostic test when a person has symptoms, or as follow-up diagnostic tools when the results of another screening test are positive.

What can I do?

- Health care systems should routinely identify and flag patients age 50 and older to receive recommended screening, and have information available for patients to describe screening tests and their benefits
- Health care providers should advise their patients age 50 and older to receive recommended screening, and discuss more intensive screening if patients have a personal or family history of colorectal cancer
- Individuals age 50 and older should schedule routine checkups and ask their healthcare providers about screening

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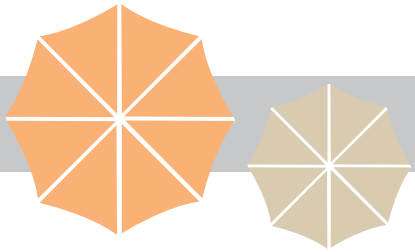
Submitted by Julia A. Dilley, MES, PhD, Washington State Public Health Department, Advisor, Center for Healthy Communities



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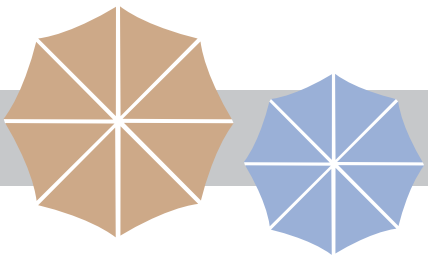

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