

Native American Cancer Data 101: Cancer Risk and Screening

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Acknowledgement

- This material was prepared for AATCHB by
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Nebraska Medical Center
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 - **Shinobu Watanabe-Galloway**

Pre-Training Knowledge

5 Items



3

**1. About one in ____ Northern Plains
Native American adults are current
smokers:**

1. two
2. three
3. four
4. five
5. Don't know/ Not Sure

2. Cancer risk factors and screening use among Native Americans in the Northern Plains region _____ in the past 10 years.

1. Improved greatly across the board spectrum
2. Worsened considerably
3. Changed very little
4. Don't know/Not sure

3. Which organization (s) collects cancer risk data pertaining to Native American people in the Northern Plains?

1. State governments
2. Tribal/IHS health care facilities
3. Aberdeen Area Tribal Chairmen's Health Board
4. All of the above
5. Don't know/Not Sure

4. For information about the rate of obesity in the 5 - 9 year age group , which existing data source would you use?

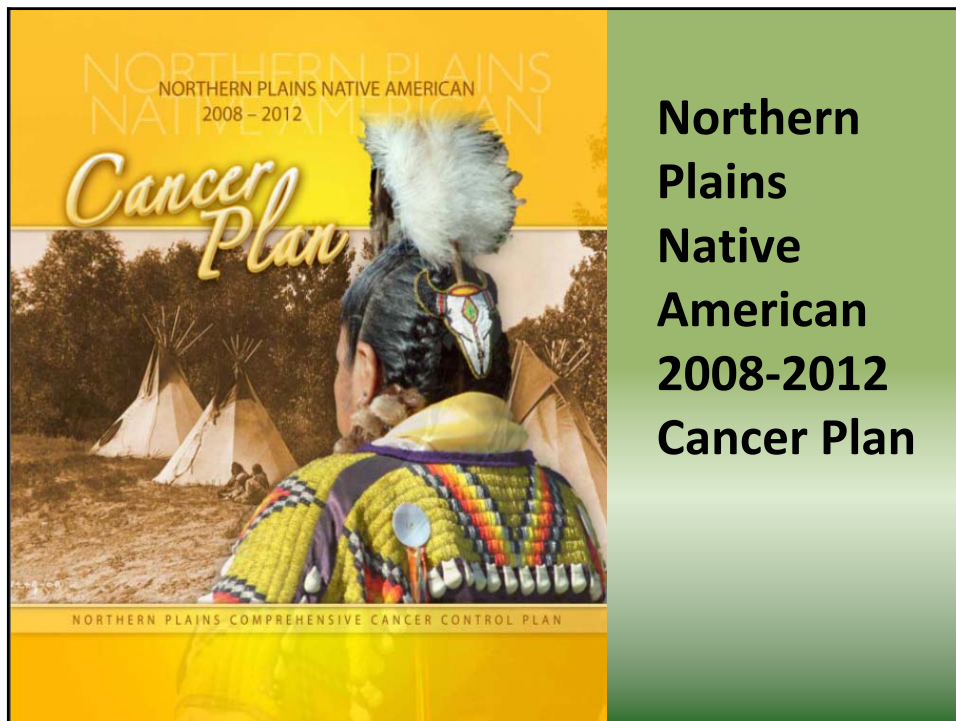
1. Behavioral Risk Factor Surveillance System (BRFSS) data
2. Youth Risk Factor Survey data
3. IHS or tribal health facility data (i.e., RPMS)
4. State Cancer Registry data
5. Not sure/Don't know

5. In general, the percentage of people using cancer screening tests according to state health survey is _____ what the clinic data indicate.

1. Higher than
2. Lower than
3. Same as
4. Don't know /Not sure

Workshop Objectives: By the end of the session, the participant will be able to:

1. Describe trends and patterns of cancer risk factors and screening use among Native American people
2. Identify the appropriate cancer data sources for Native American people
3. Obtain experience in developing an evaluation plan for cancer prevention & control program



How the plan was developed...

Priority areas were identified based on:

- **Community inputs** received during the community visits, steering committee/coalition meetings
- **Existing health data** from surveys and IHS/Tribal clinic data (RPMS) reports.

Cancer Plan as a Blueprint

Cancer plan is our blueprint because it tells us:

- Where we are at: **baseline**
- Where we are going: **goals**
- How to get there: **specific interventions**

PART A.

So, what do we know about the cancer health status among Native American people in the Northern Plains region?

Review: Cancer Incidence and Mortality

1. Northern Plains Native American people suffer disproportionately from cancer disparities
 - compared to Native Americans in other regions and
 - compared to whites in the same region

Review: Cancer Incidence and Mortality (2)

2. Within the Native American population, NP men have the highest overall cancer incidence rate and NP women have the second highest rate.
3. Native Americans, especially in NP, have a higher incidence compared to whites
 - Lung, breast, prostate, colorectal, stomach, liver, pancreatic, cervical cancers

Review: Cancer Incidence and Mortality (3)

4. Native American people are more likely to be diagnosed at a later stage of cancer → treatment is less effective and survival is shorter.

Opportunity for interventions

Improve health behaviors

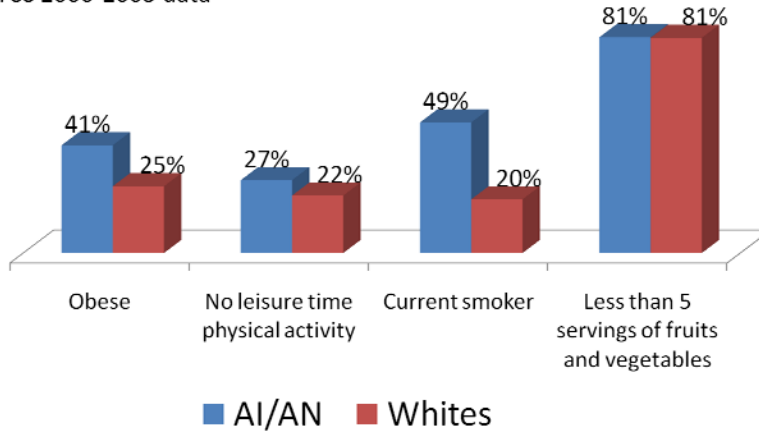
Increase screening use

Behavioral Risk Factor Surveillance System (BRFSS) Data

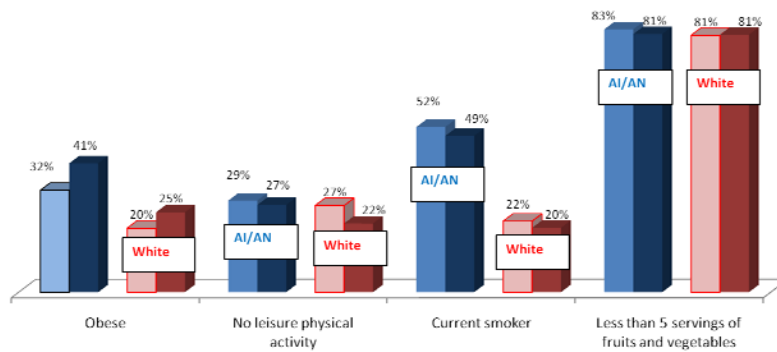
- Conducted annually by state health department
- Telephone interviews
- Potential respondents randomly sampled based on place of residence
- Collect information about health behaviors and health status

Current Risk Behaviors Northern Plains AI/AN vs. Whites

BRFSS 2000-2003 data



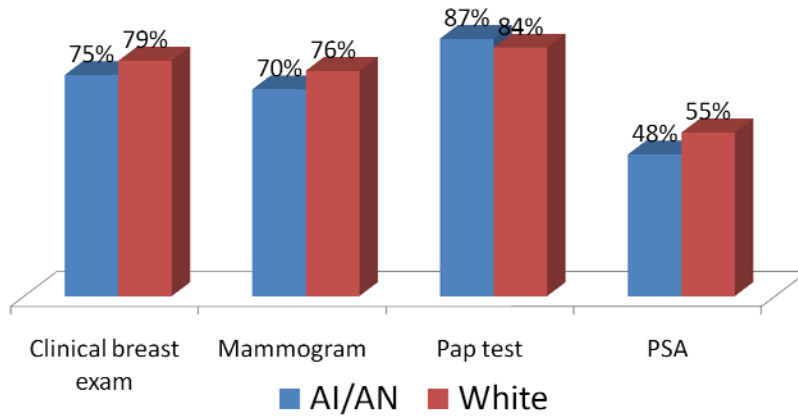
Changes in Risk Behaviors last 10 years Northern Plains AI/AN and White 1997-2000 vs. 2003-2006



Source: Behavioral Risk Factor Surveillance System (BRFSS) data, ND, SD, NE, IA: 1997-2000, 2003-2006.

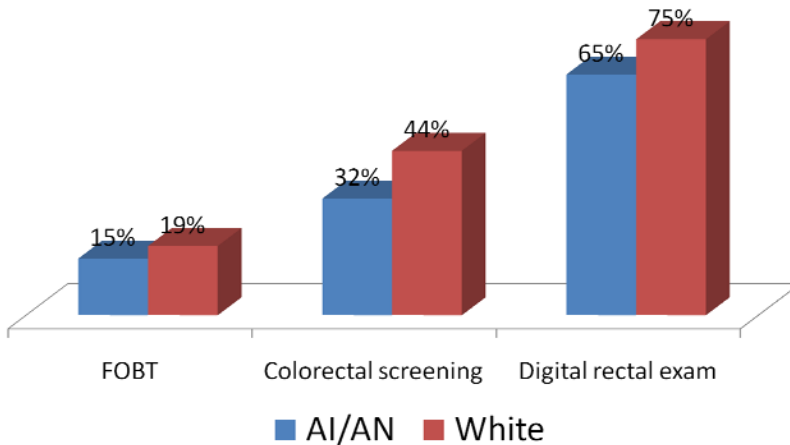
Current Screening Use Northern Plains AI/AN vs. Whites (1)

BRFSS 2000-2003 data

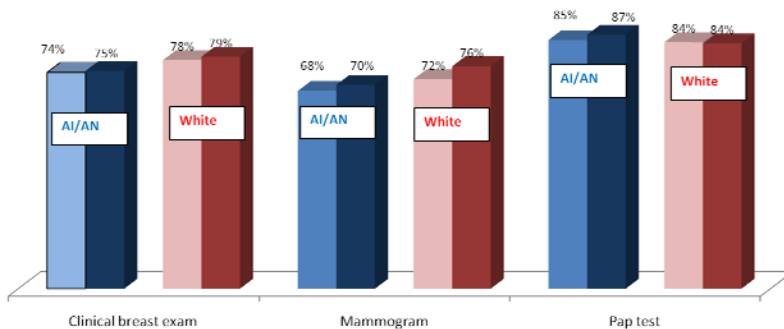


Current Screening Use Northern Plains AI/AN vs. Whites (2)

BRFSS 2000-2003 data

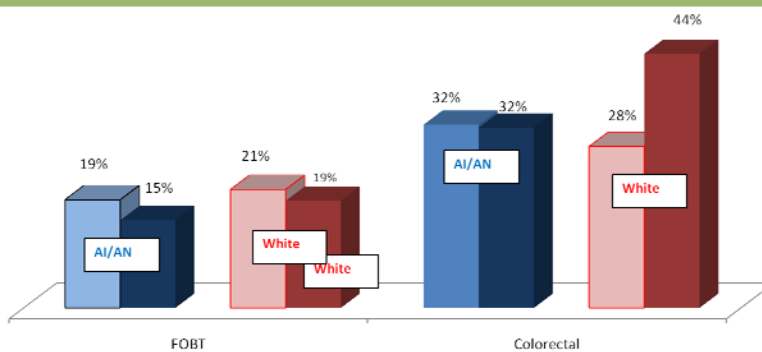


Changes in Cancer screening use last 10 years Northern Plains AI/AN and White 1997-2000 vs. 2003-2006 (1)



Source: Behavioral Risk Factor Surveillance System (BRFSS) data, ND, SD, NE, IA: 1997-2000, 2003-2006.

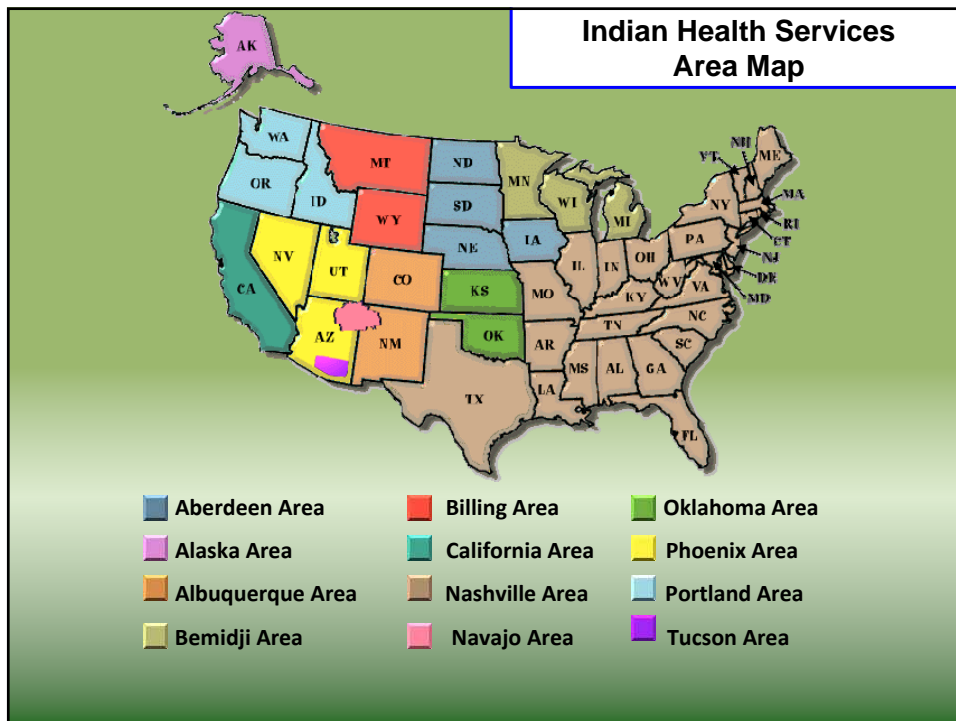
Changes in Cancer screening use last 10 years Northern Plains AI/AN and White 1997-2000 vs. 2003-2006 (1)



Source: Behavioral Risk Factor Surveillance System (BRFSS) data, ND, SD, NE, IA: 1997-2000, 2003-2006.

Resource and Patient Management System (RPMS) Data

- IHS-wide system
- Provides detailed clinical and administrative information
- Can produce special reports by individual provider, clinic, outpatient vs. inpatient services



Government Performance
And Results Act (GPRA)

12-Area Summary
Report 2006

Indian Health Service

Government Performance and Results Act (GPRA)

12-AREA SUMMARY REPORT

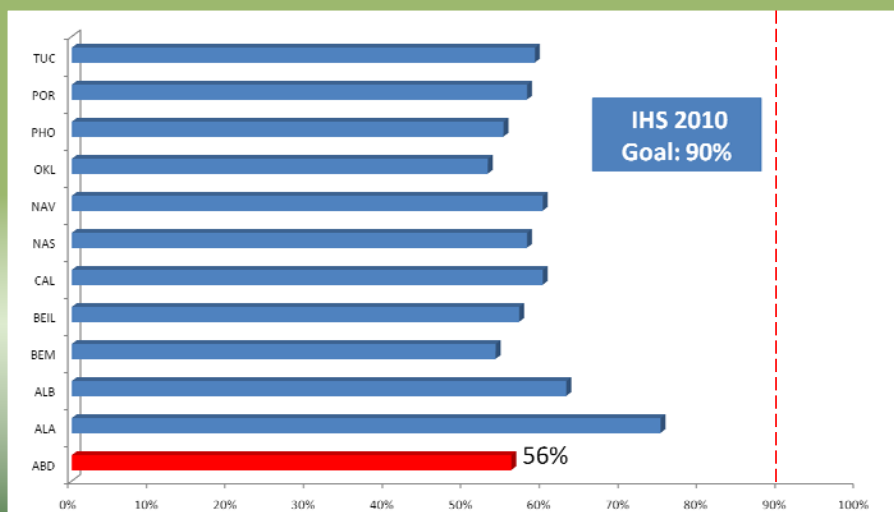
2006



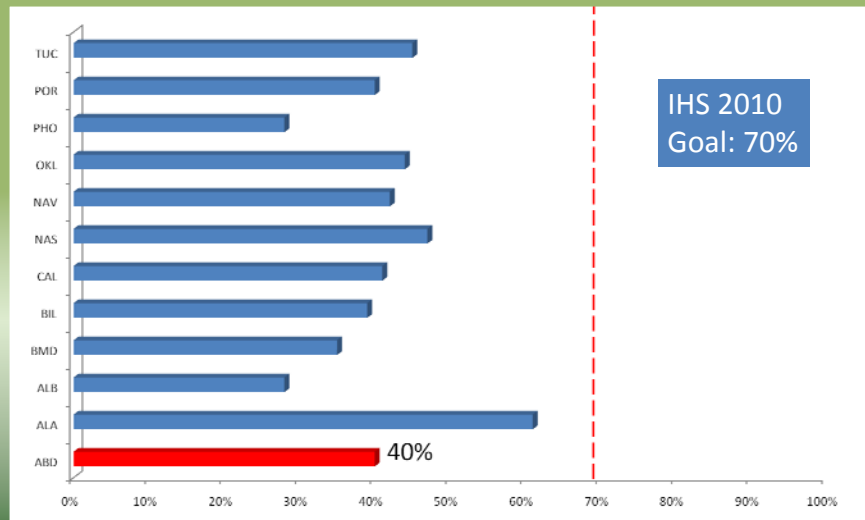
INDIAN HEALTH SERVICE



Pap smear use in past 3 years:
12 Area Analysis (FY 2006 data)



Mammogram use in past 3 years: 12 Area Analysis (FY 2006 data)



BH2

Healthy People 2010 Goals

- Healthy People 2010 goals are based on health surveys of the **general population**
- Health survey data are based on **self-reported** information
- Health survey respondents tend to be **healthier** than the overall population (not truly representative of the population)
- People tend to **overestimate** healthy behaviors

Slide 30

BH2 Describe what Healthy People is in a sentence or so rather than just jump into its goals
Brad H., 10/14/2008

Healthy People 2010 Goals: Smoking

	Northern Plains AI/AN Baseline	HP 2010 Goal	Our Community Goal
Adult cigarette use	49%	12% ¹	
Youth cigarette use	23% (SD – middle school)	16% ² (high school)	
Adult smoking cessation	58% (NE)	75% ³	
Youth smoking cessation	74% (SD – middle school)	84% ⁴ (high school)	

Healthy People 2010 Goals: Physical Activity & Healthy Weight

	Northern Plains AI/AN Baseline	HP 2010 Goal	Our Community Goal
Adult no leisure-time physical activity ¹	27%	20%	
Adult vigorous physical activity ²	32% (NE)	30%	
Youth vigorous physical activity ³		85%	
Adult obesity ⁴	41%	15%	
Youth overweight / obesity ⁵	28% (NE)	5%	

Healthy People 2010 Goals: Cancer Screenings

Cancer Screening	Northern Plains AI/AN Baseline	HP 2010 Goal	Our Community Goal
Pap test last 3 yrs ²	87%	90%	
FOBT last 2 yrs ³	15% -- last 1 yr	50%	
Sigmoidoscopy ever ⁴	32% --Sigmoidoscopy or colonoscopy last 5 yr	50%	
Mammogram last 2 yrs	70%	70%	

Where can we find information about cancer risk behaviors and screening use?

BH3

**Distribution Tables
2004 Behavioral Risk Factor Surveillance System (BRFSS)**

These distribution tables supplement risk tables which have been placed on the North Dakota Department of Health web site for the BRFSS. The data is derived from a random telephone sample which has been statistically weighted to the age and sex distribution of the population. The percentages provided are expected to be reasonably representative of the non-institutionalized population of North Dakota adults 18 years and older.

Risk tables and distribution tables answer different questions as follows:

Risk tables: Among all respondents within a population stratum (e.g. ages 18 to 24), what percentage have the risk factor. Risk tables are more likely to answer the questions most users are looking to answer.

Distribution tables: Among all survey respondents with the risk factor (e.g., diabetes), what percent of them fall into specific population strata (e.g., various age groups)? For example, what percentage of all respondents with diabetes are in the 18-24 year age group?

North Dakota:

Most recent North Dakota BRFSS statistics (distribution tables) are found on North Dakota Department of Health website

<http://www.ndhealth.gov/brfss/publications/Combined%20distribution%202004.pdf>

South Dakota:

Most recent South Dakota BRFSS statistics are found on South Dakota Department of Health website

<http://doh.sd.gov/Statistics/2006BRFSS/default.aspx>

The screenshot shows the South Dakota Department of Health website. The main heading is "The Health Behaviors of South Dakotans 2006". Below this, there is a list of report sections with their respective file sizes. The sections are arranged in two columns:

Cover (45 kb)	Health Insurance (156 kb)
Forward and Table of Contents (92 kb)	Immunization (302 kb)
Overview (109 kb)	Oral Health (167 kb)
Methodology (32 kb)	West Nile Virus (119 kb)
Overweight and Obesity (320 kb)	Seat Belt Use (111 kb)
Physical Activity (275 kb)	Cardiovascular Disease (220 kb)
Tobacco Use (319 kb)	General Health Status (101 kb)
Diabetes (253 kb)	Disability (203 kb)
Asthma (169 kb)	Falls (106 kb)
Breast and Cervical Cancer Screening (211 kb)	HIV/AIDS (109 kb)
Prostate Cancer (129 kb)	Special Health Conditions in Children (36 kb)
Colorectal Cancer Screening (310 kb)	Conclusion (157 kb)
Diagnosed with Cancer (103 kb)	Appendix A - Demographics (132 kb)
Alcohol Use (230 kb)	Appendix B - BRFSS Questionnaire (208 kb)

At the bottom of the page, there is a navigation bar with links: State Home Page, Contact Health Department, DOH Home, Accessibility Policy, Disclaimer, and Privacy Policy.

Slide 35

BH3 **Hard to read slide**
Brad H., 10/14/2008

Behavioral Risk Factor
Surveillance System Report

2004-2006



Nebraska:

Most recent
Nebraska BRFS
report is available
from Nebraska
Department of
Health & Human
Services website

[http://www.hhs.state.ne.us/
Public_Health/survey/BRFS20
04-2006.pdf](http://www.hhs.state.ne.us/Public_Health/survey/BRFS2004-2006.pdf)

South Dakota Youth Tobacco Survey 2007



GRADES 6-8

South Dakota Youth Tobacco Survey 2007

Available from:
[http://doh.sd.gov/
Tobacco/PDF/SDYT
S2007FINAL.pdf](http://doh.sd.gov/Tobacco/PDF/SDYT
S2007FINAL.pdf)



REPORT PREPARED FOR THE
South Dakota Department of Health
Tobacco Control Program
615 E. Fourth Street
Pierre, SD 57501



REPORT PREPARED BY THE
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**SOUTH DAKOTA
YOUTH RISK BEHAVIOR SURVEY
2007**

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Behavioral Scientist

Supported by a contract with:

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Phone: (605) 773-3261 FAX: (605) 773-3782
Web site: <http://doe.sd.gov/oess/schoolhealthyrbs/>

South Dakota Youth Risk Behavior Survey 2007

Does not contains
statistics specific to
Native Americans.

Available from:

<http://doe.sd.gov/oess/schoolhealth/yrbs/docs/2007%20YRBS%20Report%20Final%20Draft%200315.pdf>

North Dakota State Government
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Coordinated School Health
Phone: (701) 328-2753 Fax: (701) 328-4770

Coordinator	Risk & Drug School Health	HIV / AIDS
Profiles	Character Education	Positive Behavior Support
Regular Health Conference	Youth Risk Behavior Survey	Resources

North Dakota Coordinated School Health
Building Lifelong, Healthy Behaviors

Youth Risk Behavior Survey
YRBS Data Manager
(701) 328-2888

The Youth Risk Behavior Survey was developed in 1995 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS was designed to monitor trends, compare state health risk behaviors to national health risk behaviors and intended to use to plan, evaluate and improve school and community programs. North Dakota began participating in the YRBS survey in 1995. Students in grades 7-8 & 9-12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

The six monitored priority health risk behaviors, often established during childhood and early adolescence and result in unintentional and intentional injuries, include: Tobacco Use, Unhealthy Dietary Behaviors, Physical Inactivity, Alcohol & Other Drug Use, Sexual Behavior/STD's/HIV/AIDS/Unintended Pregnancies and Violence/Injury

YRBS Resources

- YRBS Resource Guide
- Protecting Student Confidentiality when Administering the YRBS
- Frequently Asked Questions
- Do Students Tell the Truth on the YRBS?

North Dakota Youth Risk Behavior Survey 2007 Results

Available from:

<http://www.dpi.state.nd.us/health/YRBS/index.shtm>

Other data sources from Nebraska

- Minority health surveys: Knox County, Winnebago, Omaha (reports available)
- Nebraska Youth Behavioral Risk Survey
 - Lots of info, including smoking
 - But reports do not contain AI/AN specific statistics, thus data analysis is necessary
- Nebraska Youth Risk and Protective Factor Survey – see the above comment

Walking Forward Patient Navigator Program Data



- Rapid City Regional Hospital program
- Collects lots of information including:
 - Diagnosis, treatment
 - Navigation services received
 - Survey data (e.g., access to cancer care, family history, and other risk factors, attitudes/ knowledge about cancer)
 - Clinical trial data; genetic study on ATM gene and radiogenomics
- Some of these data released in published articles and reports

NPTCDI: Cancer Data Inventory

Other Cancer Data Sources

InvestigatorInitiated NationalData

NationalData

Description. AI/AN Identification Data Collection Strengths_Limitations Data Access.

Data Title and Sponsor(s): Behavioral Risk Factor Surveillance System (BRFSS) (CDC)

Description: The objective is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. Factors assessed by the BRFSS include tobacco use, health care coverage, HIV/AIDS knowledge and prevention, and physical activity.

Data Type and Unit of Analysis: Survey. Individual.

Geographic Scope: National.

Small Group Activities

Goals

- Gain experience developing an evaluation plan for cancer prevention and control activity
- At the end of this session, each small group will give a short (5 minute) presentation.

Instructions

1. Follow the instruction on the Small Group Activity handout
2. Designate one person to type the information in the Power Point slides
3. Designate one person to report back to the large group
4. Let's start! You have 30 minutes to complete the tasks!

Interactive Activity: Coyote and Bear

Bear = True

Coyote = False



1. About one in 4 Northern Plains Native American adults are current smokers.



2. Each year, state governments in the Northern Plains Region oversample Native Americans to produce enough sample size for the behavioral risk survey.



3. Native American people are more likely to be diagnosed at a later state of cancer.



4. Healthy People 2010 goals are based on health surveys of the general population.



5. The Cancer Plan is our blueprint because it tells us where we are, where we're going, and how to get there.



Post-Training
Knowledge

5 Items



1. About one in ____ Northern Plains Native American adults are current smokers:

1. two
2. three
3. four
4. five
5. Don't know/ Not Sure

2. Cancer risk factor and screening use among Native Americans in the Northern Plains region _____ in the past 10 years.

1. Improved greatly across the board spectrum
2. Worsened considerably
3. Changed very little
4. Don't know/Not sure

3. Which organization (s) collects cancer risk data pertaining to Native American people in the Northern Plains?

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3. Aberdeen Area Tribal Chairmen's Health Board
4. All of the above
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4. For information about the rate of obesity in the 5 - 9 year age group , which existing data source would you use?

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2. Youth Risk Factor Survey data
3. IHS or tribal health facility data (i.e., RPMS)
4. State Cancer Registry data
5. Not sure/Don't know

5. In general, the percentage of people using cancer screening test according to state health survey is _____ what the clinic data indicate.

1. Higher than
2. Lower than
3. Same as
4. Don't know /Not sure

You did it!
Give yourself a hand!

