

## Oklahoma

### **Cherokee Nation Cancer Summit 2006: Promoting the Cherokee Nation Cancer Plan and Cancer Issues Among Cherokee Citizens in Oklahoma**

#### **Public Health Problem**

Cherokee Nation, situated in northeast Oklahoma, is the second largest tribe in the nation with over 250,000 tribal members, approximately half of whom live within the 14 county tribal jurisdictional service area. While overall cancer incidence for the Cherokee Nation is lower than that of Oklahoma, cancer mortality is markedly higher for American Indians in Cherokee Nation (229.9/100,000) than for both Oklahoma (162.7/100,000) and the United States (152.4/100,000).<sup>1</sup> Cancer mortality in Cherokee Nation is higher for every primary cancer site among Cherokee Nation residents. While rates are similar in Cherokee Nation, Oklahoma, and the United States, for cancers of the breast, lung, and bronchus, mortality rates are significantly higher for other sites such as colon, prostate, hematopoietic and kidney.<sup>1</sup>

Preliminary observations from existing Cherokee Nation Cancer Registry suggest a correlation between elevated mortality rates and late-stage diagnosis, as well as delayed access to treatment. Disproportionate rates in the incidence of certain cancers, as well as the significantly higher mortality rates experienced in Cherokee Nation provided the foundation for the Cherokee Nation Comprehensive Cancer Control Plan.

#### **Program Example**

Supported by CDC's Comprehensive Cancer Control Planning Grant, Cherokee Nation was the first tribal nation to develop a Comprehensive Cancer Control (CCC) Plan for its population, published in 2006. The goal of this data-driven, systematic Comprehensive Cancer Control Plan is to address cancer priorities and sites in order to reduce the cancer burden in Cherokee Nation.

In October 2006, the Cherokee Nation successfully convened the first Cherokee Nation Cancer Summit. The goal of the summit was to promote the Cherokee Nation CCC Plan and its implementation, and increase awareness of cancer disparities among the community and its leaders, health professionals and all other entities interested in eliminating cancer disparities in Cherokee Nation. Participants were diverse representatives from the state and region, including key Cherokee Nation and state partners, cancer survivors, researchers, health care providers, legislators, and tribes.

#### **Impact and Implications**

The release of the Cherokee Nation CCC plan at the summit greatly increased credibility and awareness of the Cherokee Nation CCC Plan, its goals, and cancer disparities in Cherokee Nation. As a result of the summit, partnerships have been strengthened in these ways:

- Cherokee Nation is collaborating with Oklahoma Area Health Education Center on a survivorship initiative for rural citizens.
- Partnership with the University of Oklahoma (OU) has been greatly enhanced, with Cherokee Nation entering into a \$1.5 million Memorandum of Understanding with OU-Tulsa, for chronic disease care, including cancer care.
- Cherokee Nation is working with the Oklahoma Society of Clinical Oncologists on a clinical trials initiative to facilitate access to clinical trials in Oklahoma and surrounding states.

<sup>1</sup> Cherokee Nation Cancer Registry 1997-2001, Oklahoma Central Cancer Registry and CINA + Online

**Utah****Defining Barriers and Improving Health Communication Messages using BRFSS State-Added Questions****Public Health Problem**

Cancer is the second leading cause of death in Utah. Since 1995, the Utah Cancer Control Program (UCCP) has included an open-ended, state-added mammography question in Utah's BRFSS survey. The question is used to assess reasons why women have never had a mammogram or have not had one in the last two years. Until 2006, women's responses that did not fit into pre-determined categories for these questions were classified as "Don't know/Not sure." As a result, the data did not present a clear picture, and program managers could not appropriately address all barriers to screening. Identifying and addressing real or perceived barriers could increase the number of women screened.

**Program Example**

In 2006, the UCCP added an open-ended response category "other." If the respondent's answer to this question did not fit one of the pre-determined answers, the interviewer would select "other" and record verbatim responses. This allowed the program to assess the validity of the pre-determined categories and to recode survey responses, as necessary. In August 2006, the UCCP began reviewing January 2006-August 2006 open-ended responses in the "other" category to determine common patterns and assess if recoding was necessary. After extensive review, the UCCP added four additional responses to the pre-determined categories.

**Implication and Impact**

In 2004, prior to the classification "other," 30% of responses were classified as "Don't know/Not sure." Preliminary 2006 BRFSS data (prior to the recoding) indicate that 39% of responses to the question were classified as "other" and 6% were classified as "Don't know/Not sure." The four new response categories were created, reducing the category "other" to 5%. The UCCP utilizes the data to determine and improve strategies and messaging used by the program to educate women aged 40 years and older about breast cancer screening. Collection and use of accurate public health data is vital to the development and delivery of health messages to the public. Including "other" as a response category and recoding the open-ended responses increased the size of the sample that could be analyzed. Increasing the sample size benefits the program by providing more complete information on barriers and demographic characteristics of the respondents.

## **State-Level Activity: Legislative Partnerships**

### **Program Example**

Through a cooperative agreement, the Council of State Legislators and DCPC have capitalized on opportunities to educate and interact with state legislators. The toolkit developed as part of this cooperative agreement, “Preventing Colorectal Cancer,” will help legislators understand the steps necessary to reduce the incidence of colorectal cancer. This toolkit includes a policy brief, talking points, sample state legislation, and a resource guide for policymakers. Plans also are in place to develop a policy brief and talking points regarding HPV and cervical cancer.

State legislators and CDC’s cancer experts have convened to strategize about ways to improve cancer control efforts through education and policy. In June 2007, state legislators learned about the programmatic and policy efforts of Comprehensive Cancer Control programs and their coalitions, with a special focus on colorectal cancer initiatives.

### **Public Health Impact**

State laws largely influence and set precedence for public health law in our federal system. Thus, it is extremely important to form partnerships and collaborations with state lawmakers and elected officials, as they work to create policies that support and advance CDC’s Comprehensive Cancer Control (CCC) efforts. The Division of Cancer Prevention and Control (DCPC), in conjunction with the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), has a cooperative agreement with the Council of State Governments. The intent of this cooperative agreement is to educate state Legislators about priority public health issues and DCPC’s role in combating cancer, while encouraging them to forge partnerships with their respective Comprehensive Cancer Control programs.

### **Implications**

Because of these initial efforts, state legislators became informed about cancer priorities and the need for policies to support cancer control.