

# Native People *for* Cancer Control

Cancer is the second most common cause of death among American Indians and the leading cause of death among Alaska Natives. Cancer screening tests, high quality healthcare, and cancer clinical trials are often not available to tribal communities. As a result, American Indians and Alaska Natives have the poorest survival from cancer of all minority groups.

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In a region with one of the highest proportions of American Indians and Alaska Natives in the nation, Native People for Cancer Control aims to reduce cancer disparities through community awareness, education, training, and advocacy.

Our goals are to

- ◆ *increase cancer education activities among urban and rural Native people.*
- ◆ *form partnerships with Tribal Colleges and Universities for cancer education research.*
- ◆ *enhance cancer training opportunities for Native researchers.*
- ◆ *conduct community-based research on access to cancer care and prevention.*
- ◆ *reduce cancer-related health disparities by increasing access to and use of interventions in Native communities.*

Our activities span an eight-state region that includes Alaska, Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, and South Dakota.

We partner broadly with tribal agencies, organizations, health clinics, urban Indian healthcare facilities, and schools, as well as with cancer treatment facilities and cancer information service programs. We also work closely with tribal community members, leaders, researchers, clinicians, educators, and outreach workers in this eight-state region.

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**Sponsor:** National Cancer Institute Community Networks Program  
Grant # 5U01CA114642

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# Native People for Cancer Control Telehealth Network

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**A**merican Indian and Alaska Native populations experience the worst cancer-related disparities of any minority group in the United States in terms of poverty, lack of access to screening and high quality healthcare, encouragement for health-promoting behaviors, and access to clinical cancer trials. These factors have resulted in American Indians and Alaska Natives having the poorest survival from all cancers among all racial and ethnic groups.

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**N**ative People for Cancer Control Telehealth Network offers tele-oncology services to promote better post-diagnosis cancer care for American Indians and Alaska Natives, to improve support services for cancer sufferers, survivors and families, and to increase awareness of telehealth as a way to efficiently deliver cancer care.

**T**he Telehealth Network provides cancer and survivorship services to 10 tribal sites in Washington and as many as 60 Alaska sites. Expert clinicians in Seattle collaborate with local providers to offer post-diagnosis cancer care education, training, and services via videoteleconference to Native children and adults and their providers.

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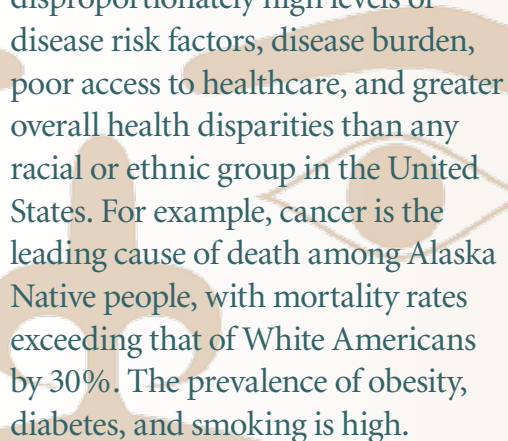
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**Sponsor:** Office for the Advancement of Telehealth  
Health Resources and Services Administration  
Department of Health and Human Services  
Grant # H2ATH07752

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# A Randomized Trial of Workplace Interventions to Improve Health of Alaska Natives

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Alaska Native people experience disproportionately high levels of disease risk factors, disease burden, poor access to healthcare, and greater overall health disparities than any racial or ethnic group in the United States. For example, cancer is the leading cause of death among Alaska Native people, with mortality rates exceeding that of White Americans by 30%. The prevalence of obesity, diabetes, and smoking is high.

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The Alaska Workplace Project tests the efficacy of *Workplace Solutions*, a package of workplace disease prevention and health promotion strategies, policies, programs, and benefits. Researchers are partnering with the Alaska Native Tribal Health Consortium to adapt and implement this evidence-based *Workplace Solutions* disease prevention and health promotion intervention package.

We are recruiting 40 workplaces with at least 20 percent Alaska Native employees to implement and test the effectiveness of the Workplace Solutions intervention package. Specialists in health education will meet with employers to deliver a culturally tailored intervention package and provide technical support. Areas of focus include influenza immunization, healthy eating habits, physical activity, tobacco cessation, and cancer tests such as colonoscopy, mammography, and pap smears.

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Grant # 1R01CA126620

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# Institute of Translational Health Sciences Community Outreach and Research Translation Core

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*T*ranslational research applies research findings from the laboratory to the community, the doctor's office, and the patient's bedside. In the field of cancer research, for example, this means using what has been learned about cancer in the laboratory to develop more effective cancer treatments for patients.

American Indians and Alaska Natives, as well as rural populations, are much less likely than the United States population as a whole to have access to the most up-to-date and effective healthcare. The ultimate goal of this project is to speed the translation of research discoveries into improvements in healthcare practices and health status for individuals in Native and rural communities.

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*T*he Institute of Translational Health Services is a collaboration between the University of Washington, the Fred Hutchinson Cancer Research Center, Children's Hospital and Regional Medical Center, and diverse local and regional research and community partners. The Community Outreach and Research Translation Core is one of the Institute's 11 cores. It is a partnership of American Indian and Alaska Native communities, healthcare providers in rural communities, and the Group Health Center for Health Studies. The goals of the Community Outreach and Research Translation Core are to

- ◆ *help create new research networks within Native communities.*
- ◆ *train local researchers of Native heritage to work in those networks.*
- ◆ *help local researchers apply research findings to everyday clinical practice to improve the health and well-being of their communities.*
- ◆ *connect the researchers and their networks with Institute of Translational Health resources.*

*T*he Native component of the Community Outreach and Research Translation Core will form partnerships within and across American Indian and Alaska Native communities in Washington, Wyoming, Alaska, Montana, and Idaho.

*T*he partnership members include researchers, healthcare workers, and American Indian and Alaska Native community members in the five-state region.

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**Sponsor:** National Center for Research Resources  
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# An Innovative and Interactive Cardiovascular Disease Curriculum for Native Youth

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American Indians and Alaska Natives experience substantial disparities in heart disease mortality compared to the general United States population. This increase in cardiovascular disease among American Indians and Alaska Natives has been associated with various behavioral and lifestyle patterns that are common among children and adolescents. However, conventional heart health prevention efforts that urge abstaining from tobacco, decreasing consumption of dietary fat, and increasing physical activity have not found their way into the lives of most American Indian and Alaska Native people. Due to the potential for large increases in longevity and health, Native youth have much to gain from preventive lifestyle strategies.

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This project is developing, pilot-testing, and evaluating a culturally appropriate supplemental health education program for grades 7 through 12 that focuses on cardiovascular health for American Indian and Alaska Native youth. Using pre- and post-curriculum surveys, the project compares knowledge and attitudes about cardiovascular disease and objective outcomes, such as physical activity. Educational materials developed include DVDs, projects, and magazines tailored specifically for Native youth.

University of Washington researchers have partnered with the Comprehensive Health Education Foundation and Washington and Montana schools to develop and implement the cardiovascular disease curriculum. It is being pilot-tested in five school districts with large Native student populations. The curriculum project is one of over 30 projects being funded under the University of Washington Health Promotion Research Center.

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**Sponsor:** Centers for Disease Control and Prevention  
Grant # 1U48DP000050

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# Center for American Indian and Alaska Native Health Disparities

American Indians and Alaska Natives face persistent health disparities. They are much less likely than the general United States population to have health insurance and access to preventive and specialized healthcare. They also suffer from higher rates of diabetes, smoking, and obesity. In contrast to declining cancer rates in the majority culture, incidence rates for American Indians and Alaska Natives are rising rapidly for virtually all types of cancers.

The Center for American Indian and Alaska Native Health Disparities is a partnership between the University of Washington and the University of Colorado Denver. Six research projects at the University of Washington are investigating

- ♦ *the influence of Medicaid insurance on outcome and survival among Native cancer patients in Washington state.*
- ♦ *how tribal clinicians can provide evidence-based follow-up healthcare to cancer survivors.*
- ♦ *the best ways to communicate risk information on kidney disease to members of a Washington tribe with type 2 diabetes.*
- ♦ *early psychosocial interventions targeting posttraumatic stress disorder for American Indian and Alaska Native injury survivors who live at great distances from urban acute care centers.*
- ♦ *the reasons for the elevated risk of chronic liver disease in a Washington tribe.*
- ♦ *the influence of provider race on quality of care for obesity among pediatric and adolescent American Indian and Alaska Native patients.*

University of Washington researchers will partner in these projects with Fred Hutchinson Cancer Research Center investigators and American Indian and Alaska Native people from rural and urban Washington communities.

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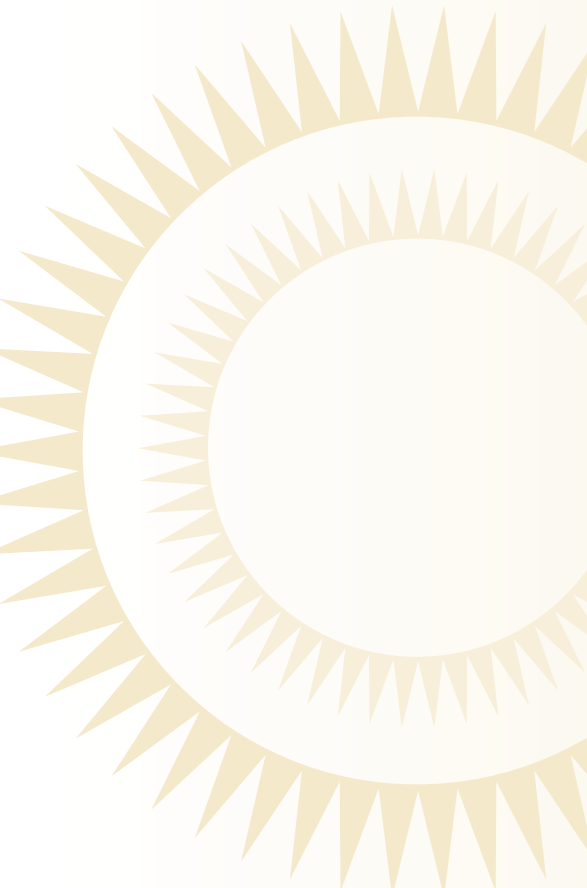
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**Sponsor:** National Center for Minority Health and Health Disparities  
Grant # 3P60MD000507

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# A Targeted Approach to Increasing American Indian Tissue and Organ Donation

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*E*nd stage kidney disease is a major public health concern among the American Indian population. It is 3½ times more common among American Indians than White Americans, and results overwhelmingly from an excess of type 2 diabetes. In treating end stage kidney disease, transplantation is associated with a better quality of life, lower costs, and a longer life expectancy than long-term dialysis. Even so, American Indians remain longer on transplantation wait lists and have lower rates of kidney transplantation compared to Whites.

*T*he goals of this project are to increase awareness of the need for organ donation and transplantation among American Indians and to increase the number of American Indians who register to donate organs. To accomplish these goals, we are partnering with Tribal Colleges and Universities in Washington, Montana, North Dakota, and Alaska to create educational materials and organ donation awareness programs on campuses and in the surrounding communities. In collaboration with students and faculty, we are conducting focus groups to create culturally appropriate and sensitive end stage kidney disease and organ donation education and media materials. For each campus and community, we will work together with students and faculty to develop and implement a program to increase awareness of the need for organ donation and transplantation and to increase donation registration.

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**Sponsor:** National Institutes of Health  
National Institute of Diabetes and Digestive and Kidney Diseases  
Grant # 1R01DK079670

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# Resource Center for Minority Aging Research: Native Elder Research Center

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*In comparison to their counterparts in the general population, Native elders are at greater risk for numerous acute and chronic illnesses, have less access to high quality medical services, and are slower to seek care, all leading to more serious, complicated illnesses. This disparity in health and healthcare for Native elders is coupled with underrepresentation of Native people in research, medicine, and education.*

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*The Native Elder Research Center is one of six Resource Centers on Minority Aging Research. A collaboration between the University of Washington and the University of Colorado Denver, the Center's mission is to improve the health status and healthcare of older American Indians and Alaska Natives. The Native Investigator Development Core of the Native Elder Research Center focuses on enhancing the research capabilities and skills of American Indian and Alaska Native junior faculty members to conduct research pertinent to Native elders. The goals of this two-year career development program are to*

- ◆ increase the number of American Indian and Alaska Native professionals capable of conducting research in areas of high priority among Native people.*
- ◆ establish and maintain learning and mentoring relationships between senior researchers and junior American Indian and Alaska Native faculty.*
- ◆ improve the analytic and methodological skills of these scientists through pilot studies.*
- ◆ publish manuscripts based on the pilot studies and use these to prepare independent grant applications.*
- ◆ increase the understanding of unique data collection and human subject protection issues that are critical to conducting research in Native communities.*

*Researchers and junior faculty meet every two months in Denver, in Seattle, or at tribal sites. The junior faculty— called Native Investigators— carry out their research in various tribal settings and communities, college campuses, and medical settings with large numbers of Native people.*

*Researchers and other mentors from the University of Washington and the University of Colorado Denver work collaboratively with four to five Native Investigators and with diverse American Indian and Alaska Native communities.*

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# Web-Based, Patient-Centered Approach to Cardiovascular Disease Risk Factor Management and Reduction

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*Cardiovascular disease* is a leading cause of death and disability among American Indians. A major risk factor for cardiovascular disease is type 2 diabetes, which is two to four times more common among American Indians than White Americans. In addition, poor dietary and physical activity habits, non-adherence with prescribed therapies, and inadequate chronic disease management skills are behaviors that increase the risk for cardiovascular disease. However, few behavioral interventions have been implemented among Native populations to reduce the risk of cardiovascular disease. Recent innovations in home-based care can help people effectively manage risk factors for cardiovascular disease.

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This project provides American Indian participants with a web-based chronic disease management program that is culturally tailored and based in their homes. Participants receive computer hardware, software, and training to help them to adhere to therapies prescribed to manage their diabetes, blood pressure, and cholesterol, improve their diet and exercise, and stop smoking. The program is managed remotely by a nurse trained in diabetes self-care.

To assess if this program works, we will examine how well participants' blood glucose levels are controlled. The cost-effectiveness of this intervention will be compared to other programs and strategies used to improve diabetes self-management and to prevent the onset of cardiovascular disease. If proven effective, this unique intervention can be a model for home-based care and cardiovascular disease prevention in other Native and non-Native rural settings.

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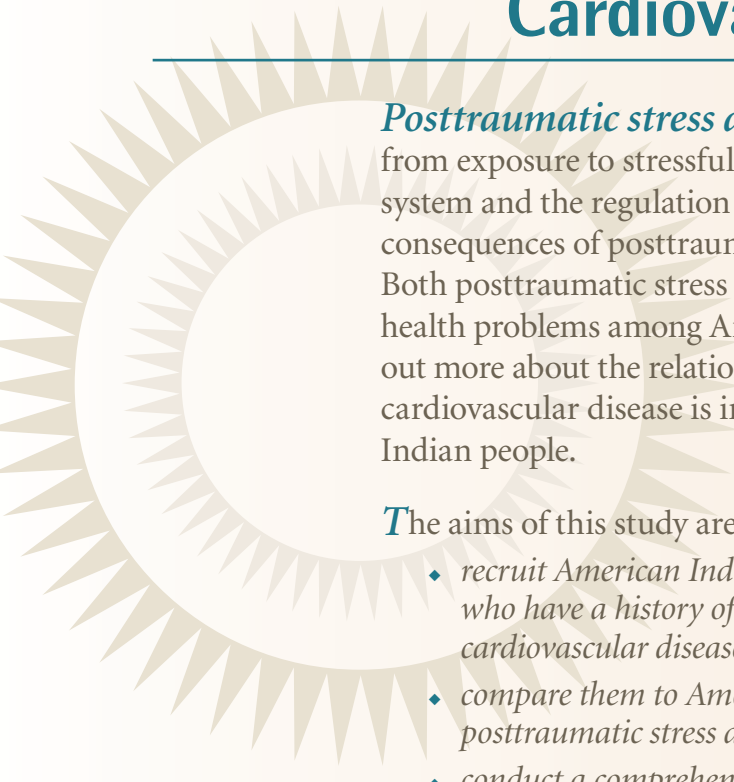
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**Sponsor:** National Heart, Lung, and Blood Institute  
Grant # 1U01HL087422

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# Wounded Spirits, Ailing Hearts: Posttraumatic Stress Disorder and Cardiovascular Disease in Indians

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*Posttraumatic stress disorder* is a unique psychiatric condition resulting from exposure to stressful traumatic events. It produces changes in the nervous system and the regulation of hormones, but little is known about the long-term consequences of posttraumatic stress disorder on the cardiovascular system. Both posttraumatic stress disorder and cardiovascular disease are very common health problems among American Indians living on reservations. Finding out more about the relationship between posttraumatic stress disorder and cardiovascular disease is important for improving the health of American Indian people.

The aims of this study are to

- ◆ *recruit American Indian men and women between the ages of 18 and 52 who have a history of posttraumatic stress disorder and do not have cardiovascular disease.*
- ◆ *compare them to American Indian participants who have neither posttraumatic stress disorder nor cardiovascular disease.*
- ◆ *conduct a comprehensive lifestyle and clinical evaluation to identify risk factors for posttraumatic stress disorder, such as smoking, lack of exercise, obesity, high blood pressure, and elevated levels of cholesterol and lipids.*
- ◆ *measure risk factors and perform non-invasive tests to determine if participants have cardiovascular disease that is not yet causing symptoms.*

Findings from this study will help us know whether individuals with posttraumatic stress disorder have a higher risk of heart disease than those without posttraumatic stress disorder. Findings could also help determine the relative importance of lifestyle, cultural, and biological factors in developing cardiovascular disease.

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