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Find us on the Web!
www.crihb.org/ctec/



The California Tribal Epidemiology Center (CTEC) was established in 2005 to assist in collecting and interpreting health information for American Indians/Alaska Natives (AIAN) in California. CTEC receives core funding from the Indian Health Services and operates on other grants and contracts to provide a full complement of staff. Our mission is to improve American Indian health in California to the highest level by engaging American Indian communities in collecting and interpreting health information to establish health priorities, monitor health status, and develop effective public health services that respect cultural values and traditions of the communities.



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CTEC NEWS

California Tribal Epidemiology Center Quarterly Newsletter

Fall 2015

Director's Message

Hello! My name is Maureen Wimsatt, and I began work with California Tribal Epidemiology Center (CTEC) in April 2015. My family comes from Michigan, and I lived for several years in Washington State before moving to the Washington D.C. area and finally to California. For the past 14 years, I have worked with communities across the country to carry out public health-related research and evaluation, and 8 of those years have involved work with American Indian and Alaska Native (AIAN) communities.

I was recently approved by the Indian Health Service to be the Director of CTEC, and I oversee approximately 10 CTEC staff members as we carry out CTEC core activities, including health-related data collection, data analysis, and report writing about California AIAN public health priorities. My first few months at CTEC have involved learning from many of you about health priorities for the tribes and health clinics across the state, and I am always appreciative to find out more about the strengths and challenges of your communities.

It is my honor to bring you the Fall 2015 issue of the CTEC newsletter, which highlights AIAN cancer screening rates and prevention. CTEC focused the newsletter on this topic at the request of California tribal leaders who are concerned that AIANs living in California share an increased risk for developing and

dying of cancer. According to the Centers for Disease Control and Prevention (CDC), nearly 20% of deaths among AIANs are associated with cancer, making cancer and complications from cancer a leading cause of death for the AIAN population.

CTEC is committed to working with tribes and tribal health programs to increase cancer preventative behaviors, screening rates, and treatment among California AIAN. I look forward to hearing your comments about cancer prevalence and prevention in your community as well as your recommendations for future CTEC newsletters.

Wishing you all the best,

Maureen Wimsatt

Director, California Tribal Epidemiology Center



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Did You Know?

Technical Assistance → CTEC is available to provide technical assistance to CTEC member tribes and tribal health programs. Technical assistance can include requests for data or sources of data, survey design, data analysis, interpretation of results, and data literacy trainings. Several weeks before you need CTEC's technical support, please visit CTEC website to submit a request for assistance: www.crihb.org/ctec

CTEC Membership

CTEC member tribes and health programs can request data-related technical assistance once a data sharing agreement is in place between CTEC and the tribe or tribal health program. Data sharing agreements allow CTEC to access to health information, which can be used to monitor local or regional AIAN health status and to evaluate needs of member tribes and tribal health programs.

CTEC data sharing agreement forms can be found online at <https://www.crihb.org/services-2/> If you have questions about CTEC data sharing agreements or want to submit a signed agreement, please contact us by email at epicenter@crihb.org.



CTEC PROJECT UPDATES

Robert Wood Johnson Foundation Emergency Management Project

CTEC is conducting a study with California tribes about cross-jurisdictional sharing in emergency management services. CTEC is seeking the input from each tribe's representative in emergency management professionals for this project. About 60 tribes have already had conversations with project staff about their work in planning for and responding to emergencies!

The end-goal of the project is to produce a tribal best practices resource kit for tribes that are in the process of developing informal and formal plans for emergency management. The kit will include key resources and a summary of what tribes (both large and small) have to say about what has worked for them in developing relationships with county governments related to emergency management, especially if government-to-government relationships have helped tribes share emergency services or funding to help people during emergencies. Everything in the kit will be reviewed by members of the project's Advisory Group, which is made up of people who work in emergency management in tribes and tribal organizations.

Would you like to be involved in this project? Contact Maureen Wimsatt at epicenter@crihb.org.

Record Linkage Project

Health-related data for AIANs are often prone to race misclassification, as demonstrated by the results of earlier record linkage studies of state data. The resulting underestimation of disease burden for AIANs often hides the true number of cases among AIAN in California.

CTEC's concern about race misclassification of AIAN has led to collaborations with the California Department of Public Health, Office of Statewide Health Planning and Development, and the Indian Health Service. CTEC is currently working with these entities to identify race misclassification in data about sexually transmitted infections and injury prevention.

AIAN Community Health Profile

CTEC is finalizing a statewide AIAN Community Health Profile, which will include updated statistics about a variety of California AIAN health behaviors and disease rates. Access the statewide AIAN Community Health Profile on the CTEC website in October 2015!

MEET THE CTEC STAFF



Maureen Wimsatt, PhD, MSW, Program Director

Maureen comes to CTEC from Michigan, by way of Washington state and Maryland. She has worked in community-based research for 14 years and has a particular interest in working with rural communities. Maureen loves

adventure and, in her free time, she likes to visit new places and go hiking.

Andrew Crawford, PhD, Epidemiologist

With over 15 years of experience in health research and program evaluation Andrew is a tremendous asset to the CTEC team. When he is not working, Andrew enjoys playing the cello and other musical instruments, bicycling, walking, inline skating, watching sports and visiting friends.



Chris Cooper, MEd, Research Associate

Chris is Navajo and is originally from the Pacific Northwest. For the past 7 years, he has worked in a public health forum. Chris specializes in tobacco and cancer prevention. When Chris is not fishing or skateboarding, he and his

wife enjoy exploring Sacramento.

Cassie Call, MS, Outreach Coordinator

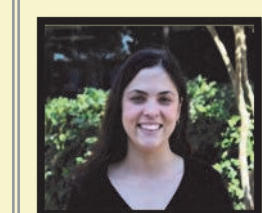
Cassie joins CTEC from Arkansas, by way of Texas. Cassie has an interest in community health promotion and spent time working for the Arkansas Department of Health. When Cassie is not at work, you can usually find her rock climbing, camping, or traveling around California.



Michael Mudgett, MPH, Epidemiologist

Michael moved from Seattle to join the CTEC team. He is from the Spirit Lake Dakota Nation in North Dakota. His experience and background fuels

his passion for working with Native peoples. In his free time, Michael likes to take road trips, fish, hunt, read comics, and watch sports and movies.



Zoilyn Gomez, MPH, Epidemiologist

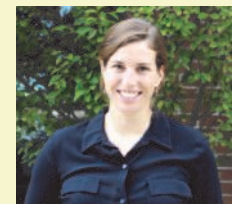
Zoilyn comes to CTEC from Miami, Florida. Zoilyn has worked in the field of public health research for 9 years and is particularly interested in studying health inequities

and disparities. Zoilyn loves to try new types of food, go to concerts, and play games (video, card, and board). She is excited to be living and working in the Sacramento area.

Liz Benton, MA, Research Associate

Liz is a native Californian, born and raised in Sacramento. She has conducted social science research in a culture and cognition lab during graduate school. She

is excited to learn more about AIAN culture and contribute to the CTEC team. Outside the office, Liz loves being outdoors and traveling.



Kathy Greer, Administrative Assistant

Kathy is a native Californian from the Central Coast. With a background in law she brings a unique and valuable skill set to CTEC. In her free time, Kathy enjoys gardening, reading and exploring beautiful

Northern California with her husband.

Healthy Choices



THE BENEFITS OF BERRIES

The tiny, delicious fruits known as berries contain numerous health-promoting compounds that provide a plethora of health benefits. These naturally occurring substances protect against a host of health concerns, including aging, cancer, heart disease, diabetes, and hypertension.

In berries, the beneficial compounds are called phytochemicals, which are non-nutritive plant chemicals. Within the body, phytochemicals function as antioxidants, compounds that protect the body against unstable oxygen molecules which can cause cell damage leading to chronic and degenerative diseases.

Berries also contain many beneficial micronutrients including vitamin C and vitamin E, calcium and folic acid. In addition, berries are an excellent source of dietary fiber, which has been linked to lowered cholesterol levels and reduced risk of colon cancer, and has been shown to help regulate post-prandial glucose levels. Berries may prevent and treat urinary tract infections, help age related cognitive decline and lower amounts of brain damage in strokes.



Fruit Smoothie for Two

- 4 frozen strawberries
- 1 cup frozen mixed berries (blueberries, raspberries, boysenberries)
- 2 frozen pineapple chunks (optional)
- 1 cup low fat yogurt
- 2 tablespoons agave syrup or honey to taste
- 1 cup water

Add all ingredients to blender and blend.



ROASTED HARVEST VEGETABLES

- 1 small yam, peeled and cubed
- 3 new potatoes, cubed
- 1 (8 ounce) bag baby carrots
- 1 small butternut squash, peeled and cubed
- 1 zucchini, cubed
- 8 ounces crimini mushrooms, ends of stems cut off
- 1/2 cabbage, quartered
- 1/2 cauliflower or broccoli, separated into flowerets

Dressing

- 1 package onion soup mix
- 3/4 cup olive oil
- 2 tablespoons melted butter

- Preheat oven to 425°F
- Mix dressing ingredients and set aside
- Peel yam and butternut squash and then cut into cubes. Dice new potatoes into cubes
- Partially cook yam, new potatoes, butternut squash, and whole baby carrots (steam or boil)
- While partially cooking the vegetables, cut the zucchini, crimini mushrooms, cabbage, and cauliflower or broccoli as written above
- Combine all cooked vegetables in a large bowl with the zucchini, crimini mushrooms, cabbage, and cauliflower or broccoli
- Cover the vegetables with the dressing and stir until evenly coated
- Spread the vegetables onto a large casserole dish or cookie sheet
- Add salt to taste
- Roast vegetables in oven for about 30-45 minutes, stirring every 15 minutes, until potatoes are soft. Enjoy!

AIAN Cancer Screening Rates

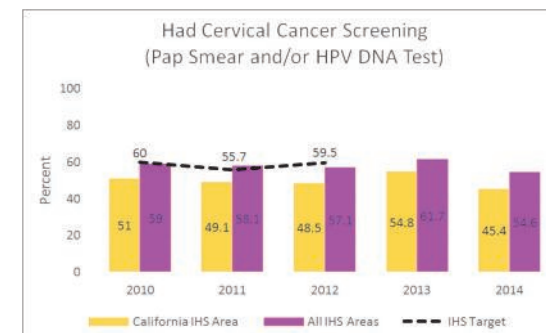
Cancer is one of the leading causes of death in the AIAN population, accounting for approximately 18.2% of AIAN deaths in 2013 according to the CDC. While maintaining a healthy lifestyle is essential for cancer prevention, early detection through screening is crucial in improving treatment outcomes and survival.

The Indian Health Service (IHS) tracks health performance measures as part of the Government Performance Reporting Act (GPRA). This article uses GPRA data about cervical cancer, breast cancer, and colorectal cancer screenings among California AIAN compared to AIAN in all IHS areas. These data are relevant to CTEC because breast and colorectal cancers are commonly diagnosed among Californian AIAN. An examination of GPRA rates allows CTEC to identify how many Californian AIAN receive the recommended cancer screenings compared to national guidelines published by the U.S. Preventative Services Task Force (USPSTF). An awareness of statewide AIAN cancer screening rates will help CTEC, tribes, and tribal health programs to promote cancer screenings and increase survival rates. For example, if cervical cancer is detected early, the chance for survival is nearly 100% with proper treatment.

Cervical Cancer

Screening Recommendation: Women ages 21-65 years old should have a pap screen every 3 years, and women ages 30-64 years old should have a pap screen and a Human Papilloma Virus (HPV) DNA screen every 5 years.

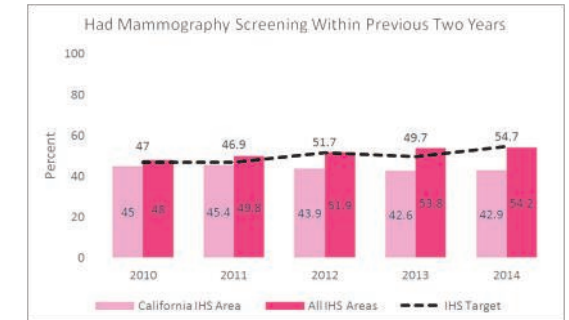
Screening Rates: In 2014, 45.6% of AIAN women receiving services at IHS clinics in California were screened for cervical cancer. The national AIAN screening average was 45.4%.



Breast Cancer

Screening Recommendation: Women ages 50-74 years old should have a mammogram every 2 years.

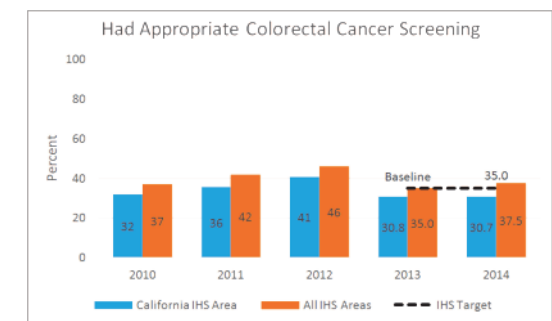
Screening Rates: In 2014, 42.9% of AIAN women receiving services at IHS clinics in California received the recommended mammogram screening within the past 2 years compared to the national average of 54.2%.



Colorectal Cancer (also known as Colon Cancer, Rectal Cancer, or Bowel Cancer)

Screening Recommendation: Men and women beginning at age of 50 years old should have a fecal occult blood test (FOBT) every year and a sigmoidoscopy/colonoscopy every 10 years.

Screening Rates: In 2014, 30.7% of AIAN receiving services at IHS clinics in California received colorectal cancer screenings compared to the national average of 37.5%.



As detailed by GPRA screening rates and graphs, is vital for AIAN in California to increase participation in yearly screenings for cervical, breast, and colorectal cancers. CTEC is committed to working with tribal health programs to improve cancer screening rates.

Sources:

- <http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
- http://www.cdc.gov/nchs/data/dvs/LCWK1_2013.pdf
- <http://www.cdc.gov/uscs>
- <http://www.ihs.gov/california/index.cfm/offices/oph/gpra/resources/gpra-results/>

October is Breast Cancer Awareness Month

Breast cancer is the second most common kind of cancer in women (after skin cancer). The good news is that many women can survive breast cancer if it is found and treated early. National Breast Cancer Awareness Month (October) is a chance to raise awareness about the importance of early detection of breast cancer.

What is Breast Cancer?

Cancer is a disease where cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. A breast has three main parts: glands, ducts, and connective tissue. The glands produce milk, and the ducts are the passage ways that carry the milk to the nipple. The connective tissue connects and holds everything in place and consists of fatty tissue and fibrous material.

Lumps in the Breast

Cancer cells growing out of control can cause lumps in the breast, but it is important to know that many lumps in the breast are not harmful at all and may not lead to cancer. Two common non-cancerous forms of breast lumps are fibrocystic breast condition and cysts. A non-cancerous fibrocystic condition can cause lumps and make the breast feel lumpy, tender, and sore. Cysts are small fluid like sacs that can develop in the breast. The amount of normal fibrous and lumpy material in the breast varies a lot for each individual woman. This is why it is important for a woman to do self-exams of her breasts on a regular basis so that she becomes familiar with what is normal for her when cancer is not present.

What Are the Symptoms of Breast Cancer?

People may experience different warning signs for breast cancer, and some people experience no warning signs at all. Remember that some warning signs can happen for conditions other than cancer. When there are warning signs for cancer, some of the most common are:

- ◆ A new lump in the breast or underarm (armpit)
- ◆ Any change in the size or the shape of the breast
- ◆ Pain in any area of the breast
- ◆ A thickening or swelling in part of the breast
- ◆ Irritation of breast skin including redness or flaky skin in the nipple area
- ◆ Nipple discharge other than breast milk, including blood
- ◆ Pain in the nipple area or the nipple pulls in



What Are the Risk Factors for Breast Cancer?

If you have risk factors, you may be more likely to get cancer. Talk to your doctor about how to reduce your risk factors.

Reproductive Risk Factors

- ◆ You had your first menstrual period at a young age
- ◆ Never giving birth, or being much older when you gave birth to your first child
- ◆ Starting menopause at a young age
- ◆ Using hormone replacement therapy for a long time

Other Risk Factors

- ◆ Getting older
- ◆ A personal history of breast cancer, dense breasts, or other breast problems
- ◆ A family history of breast cancer (parent, sibling, or child)
- ◆ Changes in your breast cancer related genes (determined by a genetic test)
- ◆ Getting radiation therapy to the breast or chest area
- ◆ Being overweight, especially after menopause

What Screening Tests are there for Breast Cancer?

Breast self-exam: when you check your own breasts or lumps, changes in size or shape of the breast, or any other changes in the breast or underarm area

Clinical Breast Exam: an examination by a doctor or nurse in which they use their hands to find any changes in size or shape of the breast or any changes in the underarm area

Mammogram: an X-ray of the breast and the best way to find cancerous cells that are too small to find while doing a self-exam using the hands. Check with your doctor about when you should have a mammogram

Health Tip: Protect yourself against breast cancer. Do regular self-exams to become familiar with what is normal for you so that you can recognize changes in the breast if they happen. Talk to your doctor if you notice changes in your breast. Ask your doctor about when you should have a mammogram. Finding cancer early can save your life!

Did You Know?

Men can be diagnosed with breast cancer too, but there are many fewer cases in men compared to women. Breast cancer usually occurs in men between 60 – 70 years of age.

Sources:

1. <http://www.cdc.gov/cancer/breast/>
2. <http://www.cdc.gov/cancer/breast/pdf/breastcancerfactsheet.pdf>
3. http://www.cdc.gov/cancer/breast/pdf/breast_infographic_hires.pdf

PROGRAM SPOTLIGHT

Improving Breast Cancer Screening Rates in Northern California

Northern Valley Indian Health (NVIH) is a non-profit Tribal Corporation that was founded in 1971 by a group of Northern California Native American Tribes seeking to re-establish health services for American Indians in Northern California. NVIH currently operates clinics in Chico, Willows, Woodland, and Red Bluff, California while also maintaining a Children's Health Center and Mobile Dental Clinic. The consortium of tribes currently includes: Mechoopda Indian Tribe of Chico Rancheria, Grindstone Indian Rancheria of Wintun-Wailaki Indians of California, Yocha Dehe Wintun Nation of California, and the Cortina Band of Wintun Indians of California.

In 2011, GPRA data showed that the NVIH rate for breast cancer screening of Native women 52-64 was 42%. This was below the IHS California Area Office (CAO) and the National IHS average. NVIH's Community Health staff held early cancer detection screening awareness classes and provided outreach to those needing mammograms. If women did not have insurance, NVIH staff helped them sign up for California's Every Woman Counts program. They also arranged for transportation to the imaging center. The approach was aimed at addressing what was thought to be the primary barriers for women completing recommended mammogram screenings; distance to the imaging center (an hour away for some) and/or not having a way to pay for the screen. However, mammogram screening rates were not increasing.

In July 2011, NVIH decided that a new approach was needed. With the support of NVIH Executive Director, Inder Wadhwa, NVIH partnered with North State Imaging (NSI) in Chico, California to host a Native Women's Mammogram Day. NSI blocked an entire afternoon schedule for NVIH clients to have mammogram screenings (50 appointment slots) and offered the use of their staff conference room to hold "the event". Activities included a healthy lunch, beading, and presentations on the importance of early cancer detection. Invitations went out to all Native clients age 40+. The event was an afternoon for women to socialize and get mammograms completed. Forty-five women attended; some needing their mammogram completed, and



(Northern Valley Indian Health)

some that were current on mammograms. This mix of the group allowed peers in the community to discuss fears about mammograms and answer other questions. At this event, providers also gave Clinical Breast Exams so women would be eligible for mammograms through Every Woman Counts. For those that were in need of a mammogram, one was completed. The event was a success. Twenty-five women received a mammogram screening.

Since the first event, five more Mammogram Days have been held. Each event resulted in 35 -50 women receiving a mammogram screening. Community Empowerment grant funding from the American Cancer Society provided support for three Mammogram Days, a Women's Wellness Conference, a women's health-focused digital storytelling workshop and a Think Pink Day Gathering. Thanks to these efforts, NVIH saw their mammography screening rate rise from 42% in 2011 to 65.8% in 2013. Northern Valley Indian Health has shared their approach with other clinics in California. One clinic replicated components of this program with similar results.

Improved screening rates are only part of the story. In the development and implementation of the program, a very organic thing happened. The women attending these events, in meeting with one another and sharing their stories, developed a sisterhood. This sisterhood led to the development of the Native Women's Wellness Council. The council of community members who are also patients of NVIH work with the clinic to develop an action plan to increase awareness on early cancer detection, increase culturally appropriate resources, and increase activities around Native women's health and wellness. Members of the council regularly speak to the community and tribal leadership on these issues, and help provide training. In involving the community, the community and the clinic have taken ownership of the issues in women's health and work together collaboratively to address the issues.

For more information about this project please contact Vicki Shively, RN, PHN, MPA or Sherron Prosser, RN PHN, at Northern Valley Indian Health, (530) 934-5431.