# "Native American Cancer Education for Survivors (NACES): Findings and Support Resources"



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http://www.NatAmCancer.org



"Native American Cancer Education for Survivors" (NACES)

Started as a research grant, evolved into support, informational program





## **Key Collaborators**

- Linda Burhansstipanov, MSPH, DrPH, Native American Cancer Research Corporation (NACR), Pine, CO
- Linda U. Krebs, PhD, RN, AOCN, FAAN, University of Colorado Anschutz Medical Campus, College of Nursing, Denver, CO
- Mark Dignan, PhD, University of Kentucky and Southeastern Program Evaluation, Lexington, KY
- Kate Jones, Southeastern Program Evaluation, Lexington, KY
- Judith Salmon Kaur, MD, Mayo Clinic's Native American Programs, Rochester, MN
- Daniel Petereit, MD, Walking Forward, SD



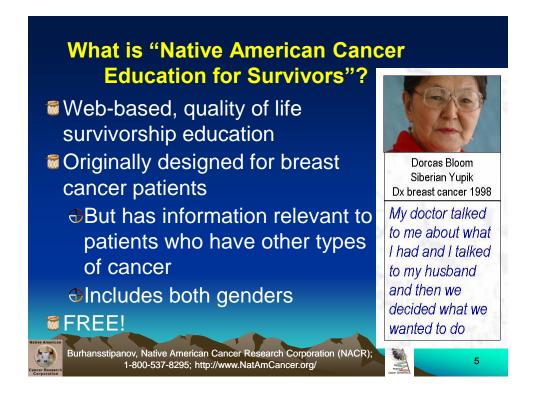


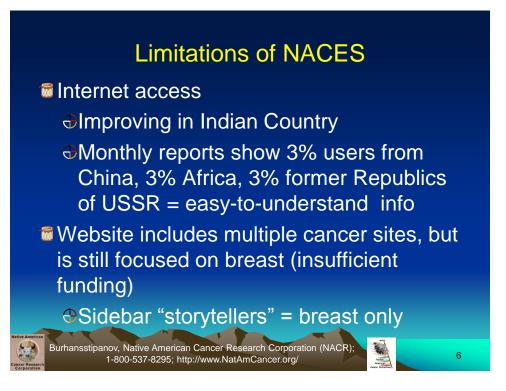
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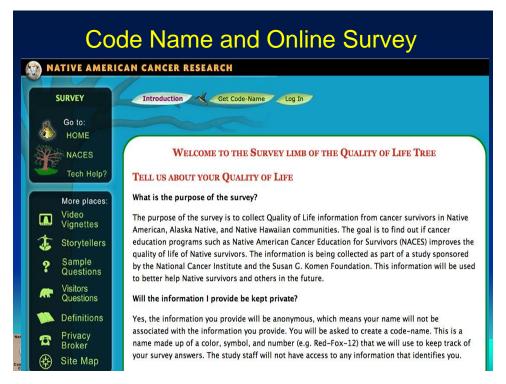
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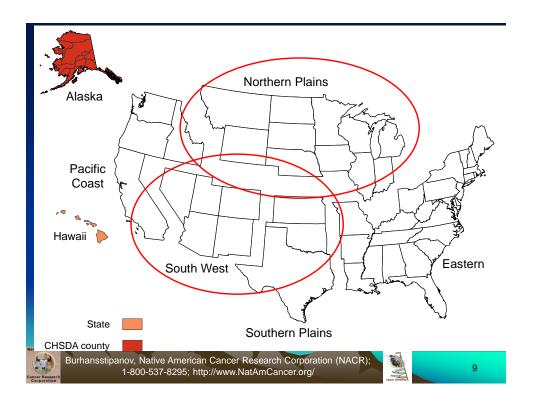


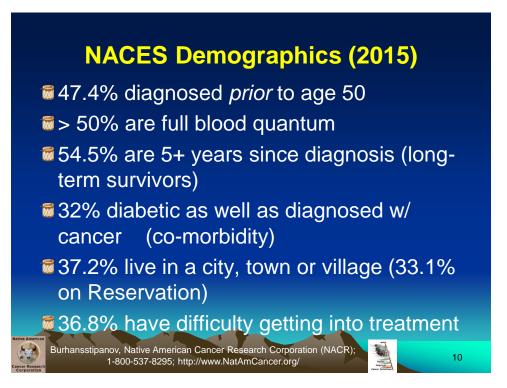














# **NACES Demographics (2015)**

- 48.7% travel ~15% travel more than 400 miles WAY to acce 1-way to access treatment
- 47.4% travel more than 2 hours one way
- Health Services (Contract Health Services)
- Shift from diagnoses in stages III and IV (1990s and early 2000s) to majority are dx stages 1 and 2 now (progress due to

AI/AN-specific programs throughout USA)
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# Quality of Life (QOL) Measures

### **QOL Definition:**

How well you are able to do everything you want to do: physically, mentally, emotionally, socially and spiritually?

Answered "excellent, good or okay"

Major improvements since the 1990s!

- ♦Physical QOL = 85.4%
- **⊕**Social QOL = 87.5%
- ⊕Emotional QOL = 86.2%
- **⊕**Spiritual QOL = 94.3%



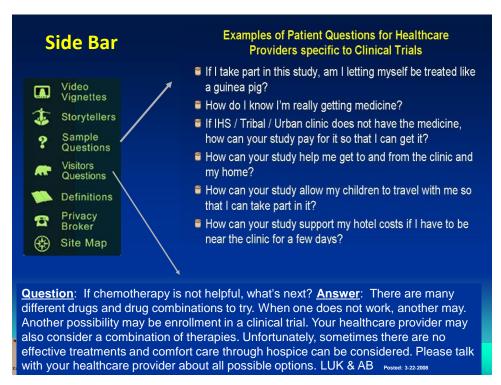
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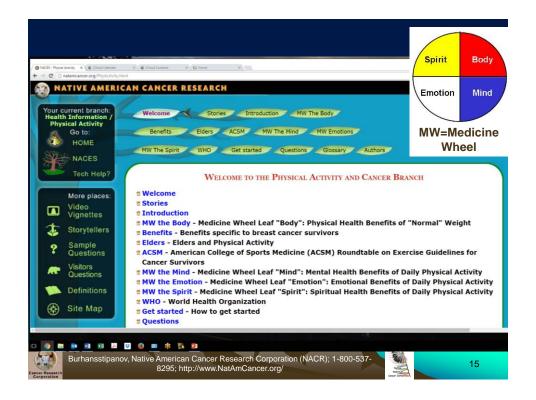


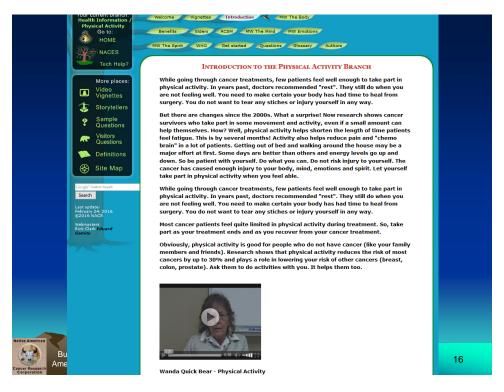






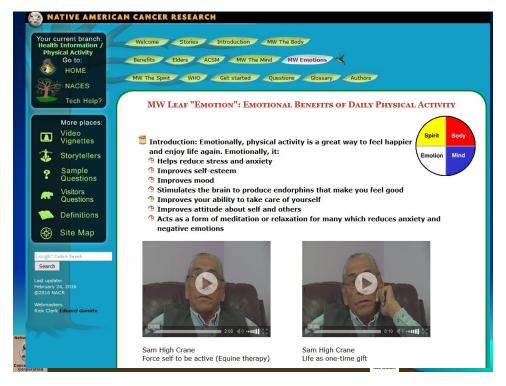




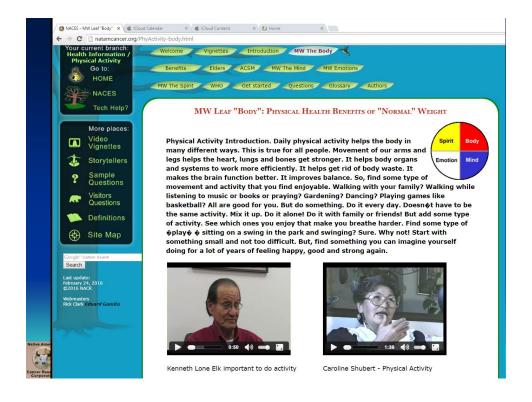


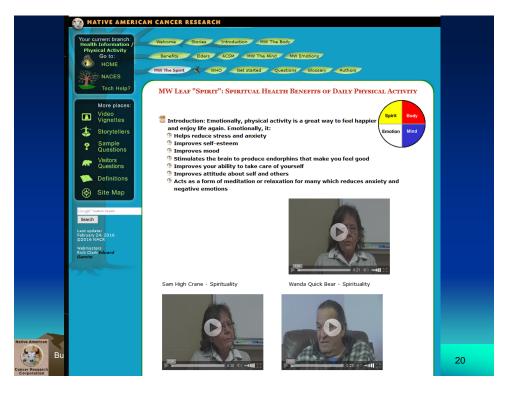




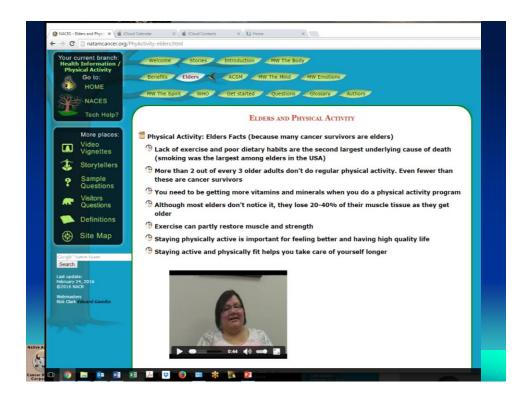


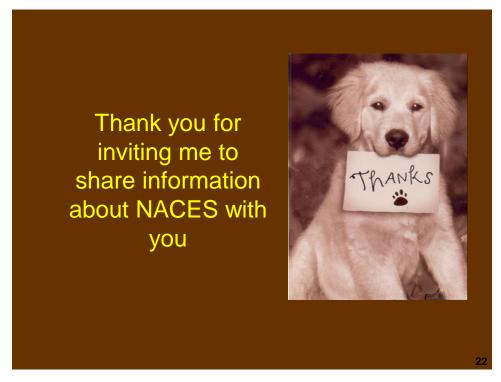
















South West

Hawaii þ

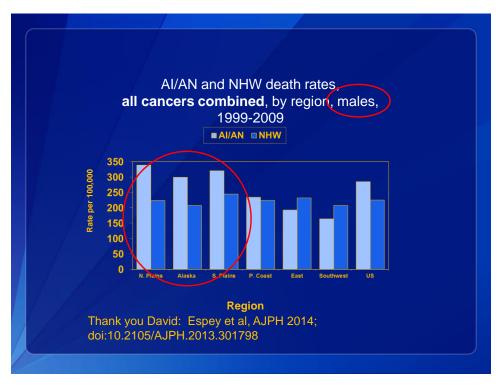
CHSDA county

State

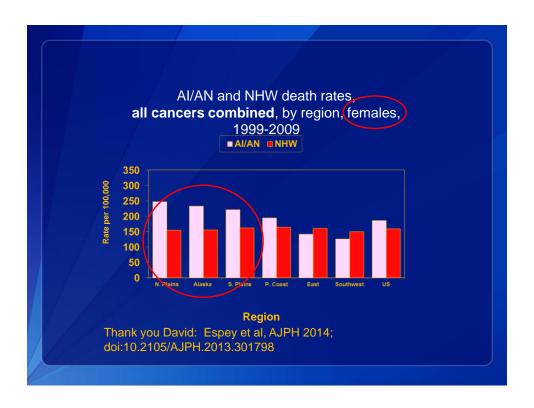
Espey et al, AJPH 2014; doi:10.2105/AJPH.2013.301798

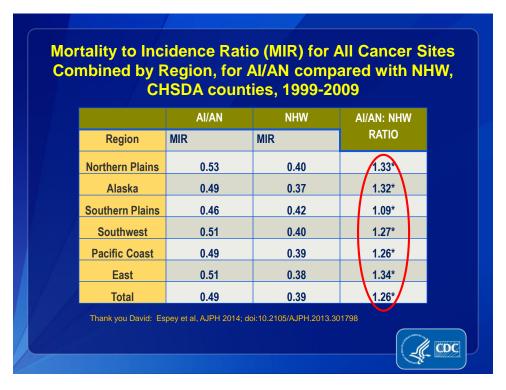
Southern Plains

Eastern

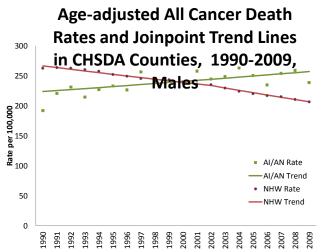




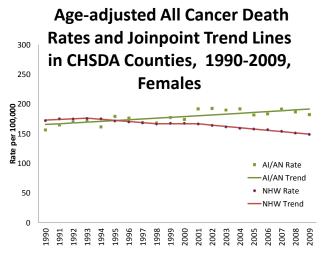








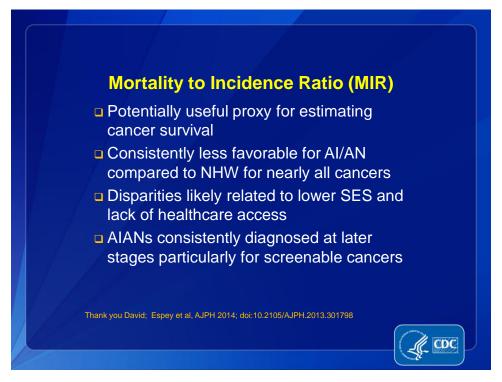
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# Mortality to Incidence Ratio (MIR) Indicator of survival that compares fatality between groups Calculated as the age-adjusted death rate divided by the age-adjusted incidence rate Thought to be more accurate than "relative survival" Easy to calculate from existing data (cancer registry and death certificate data) Not a widely used; few publications Thank you David: Espey et al, AJPH 2014; doi:10.2105/AJPH.2013.301798





### **Summary**

- Overall cancer death rates increased significantly for AI/AN men and women from 1990 to 2009
- Overall cancer death rates declined significantly for white men from 2002 to 2009 and white women from 2001 to 2009
- Compared to whites, deaths for all cancers combined among AI/AN were significantly lower from 1990 to 1998 but significantly higher from 1999 to 2009

Thank you David: Espey et al, AJPH 2014; doi:10.2105/AJPH.2013.301798

# New or Modified Topics (~75 items) Physical function Distress / Depression Sleep Tobacco Sexual Physical Activity Fatigue Side Effects Activity Cognition



# **Physical Activity (item added 2013)**

- Those with higher blood quantum are less likely to take part in physical activity
- Females are more likely to report that their health now limits them from exercising regularly, compared to males.
- More than ¼ exercise less than 1 hour a week and only 5.6% take part in vigorous exercise 5-8.5 hours a week

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# NIH PROMIS Physical Function

- 24.7% = physical health problems now limit usual activities such as walking or climbing
- 43.8% = health limits doing activities that require litter exertion (beading, knitting)
- 46.9% = health limits going for a short walk (less than 15 minutes)

NIH Promis® items





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