MONTANA AMERICAN INDIAN WOMEN'S HEALTH COALITION

PLAN

2022–2026

Public Health IN THE 406

MONTANA CANCER CONTROL PROGRAMS

Thank you for taking time to visit the Montana American Indian Women's Health Coalition (MAIWHC) Five Year Plan. This 2022-2026 Five Year Plan is meant to be a guide to help improve the health and well-being of our American Indian and Alaska Native peoples. Just as it is important to continue to identify ways to improve our health, it is equally important to preserve our cultures and traditions, which our ancestors did to keep healthy. We welcome all people youth to elders who can impart their wisdom to join us in our vision to educate and promote wellness in our communities.

Cancer is one of the leading causes of death among Montana American Indians, and MAIWHC is working to change that — cancer does not have to be a death sentence.

MAIWHC is a group of women who provides education to our communities about cancer. Our group has 4 different focus areas: Prevention, Early Detection, Access to Care for All, and Quality of Life and Survivorship to reduce cancer within Indian Country in Montana.

Two important aspects for our people which help in cancer prevention are health education on modifiable risks factors and getting the recommended cancer screenings completed.

Women are the backbone of American Indian families; we will continue to work to reduce the impact of cancer in Montana and beyond.

Welcome

Assiniboine: Hau! (pronounced “how”)

Blackfeet: Oki! (pronounced “oh-kee”)

Cheyenne: Haáhe! (pronounced “hah-heh”)

Chippewa: Boozhoo! (pronounced “boo-zhoo”) or Aaniin! (pronounced ah-neen)

Cree: Tansi! (pronounced “tahn-see”)

Crow: Kaheé! (pronounced “kah-hay”)

Dakota Sioux : Hau! (pronounced “how”)

Gros Ventre: Wahey! (pronounced “wah-hay”)

Kootenai: Kisuk Kiyukyit! (pronounced “kee-sook kih-yoo-kyit”)

Salish (Flathead): ‘A! (pronounced “ah”)

Shoshoni: Behne! (pronounced “buh-nuh”)

BLACKFEET

Traditional Tribal Name: "Niitsitapi" (nee-itsee-TAH-peh) meaning "the real people."

Total number of enrolled Tribal members: 15,560

Reservation Location: Northwestern Montana along the eastern slopes of the Rocky Mountains and is the gateway to Glacier National Park.

Headquarters: Browning, MT Communities: East Glacier, Babb, St. Mary, Starr School, and Heart Butte. Branches of Blackfeet: Northern Blackfeet (Siksika), Blood (Kainai) and Piegan (Pikuni).

Annual Celebrations: North American Indian Days (July) and Heart Butte Society Celebration (August).

Our True North

For many centuries, the Indigenous people have been protecting and preserving not only a way of life, but the sacred ground that provides nourishment, spiritual guidance and connectedness with each other. Our people have endured hardships and have also celebrated gains with all walks of life with ceremonies and traditions. We have fought and welcomed our neighbors. We stand together and we stand proud. You are me, and I am you. We bring life and we honor the end of life.

Vision

A unique group of women that work to educate our communities about cancer including: prevention, early detection, treatment/ research, and survivorship to reduce cancer disparities in Montana.

The purpose of MAIWHC is to develop, implement, and evaluate a statewide comprehensive cancer control plan that addresses health equity for American Indians in Montana.

Mission

- To reduce cancer incidence, morbidity, and mortality in Montana through addressing barriers to healthcare for all American Indians.
- To achieve health equity by eliminating health disparities and achieving optimal health for American Indians.
- To address health equity through collaboration, research, tools, training and resources, and leadership.

Purpose

The purpose of MAIWHC is to develop, implement, and evaluate a statewide comprehensive cancer control plan that addresses health equity for American Indians in Montana. This is a participatory model that allows the involvement of all American Indians touched by cancer, and encourages statewide, and community level participation. MAIWHC promotes the collaboration needed to achieve comprehensive cancer control in Montana, and supports the Mission, Vision, Purpose, Overarching Goals, and Guiding Principles of the Montana Comprehensive Cancer Control (CCC) Plan.

CROW

Traditional Tribal Name: "Apsaalooke," which means "children of the large-beaked bird."

Total number of enrolled Tribal members: 14,000

Reservation Location: South Central Montana surrounded by three mountainous areas, the Big Horns, Pryors, & Wolf Teeth Mountains.

Headquarters: Crow Agency, MT Communities: Black Lodge, Crow, Lodge Grass, Pryor, Reno, St. Xavier, Ft. Smith and Wyola. Crow Nation Bands: Mountain Crow, River Crow, & Kick in the Bellies.

Annual Celebrations: Crow Native Days (June), Valley of Chiefs 4th of July Powwow (July), Crow Fair (August), and Arrow Creek Labor Day Powwow (September).

FLATHEAD RESERVATION

Confederated Salish and Kootenai Tribes Traditional Tribal Names: "Selisˆ" is the proper name for the Salish and means "the people." "Qæispsé" is the proper name for the Pend d'Oreille. Kootenai Tribe in Montana call themselves "Ksanka" (sun-ka) which translates to "Standing Arrow," which is a traditional warring technique.

Total number of enrolled Tribal members: 7,753

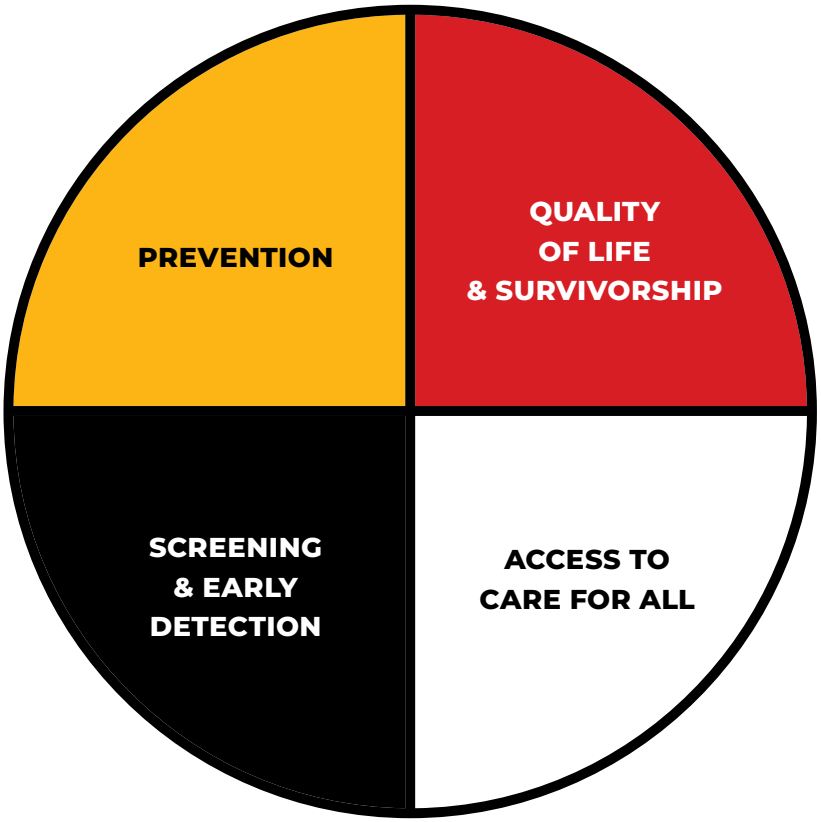
Reservation Location: Northwestern Montana on the western slope of the Continental Divide amongst the Rocky and Salish Mountains.

Headquarters: Pablo, MT
Communities: Arlee, Dixon, St. Ignatius, Ronan, Pablo, Polson, Hot Springs and Elmo.

Annual Celebrations: Arlee Powwow (July) and Standing Arrow Powwow (July).

Medicine Wheel

Our alignment with the medicine wheel stands as a symbol for the cycle of life of the earth, stages of life, and as a process. The Medicine Wheel is held in high regards to our sacred way of life and how we live and see the world around us. It is continuous and symbolic of many tribes throughout our great nation and North America. We chose to use the Medicine Wheel to represent the 4 focus areas within MAIWHC.



MAIWHC History

The Montana Cancer Control Programs (MCCP) established the American Indian Screening Initiative (AISI) in 2000 to increase the breast and cervical cancer screenings among American Indian women. As part of the AISI, the leadership of the MCCP (formerly the Montana Breast and Cervical Health Program) initiated the Montana American Indian Women's Health Coalition (MAIWHC), bringing together American Indian women representing Tribal Communities and Tribal Health Systems, and Urban Indian Health Programs and Urban Communities. MAIWHC is a grassroots coalition that was formed to assist the MCCP in recruitment and screening of American Indian women for breast and cervical cancer and has evolved into a coalition that addresses issues along the cancer continuum.

The MCCP has a liaison who specifically works with the American Indian population to support MAIWHC. MAIWHC now addresses the cancer continuum and health disparities with a holistic approach. MAIWHC members are invited to also be involved with the Montana Cancer Coalition and the Montana Comprehensive Cancer Control Plan implementation. MAIWHC helps to provide input, feedback, and perspectives to educate cultural and traditional consideration for Cancer Care, Cancer Prevention and Resiliency.

MAIWHC reaches its target audience of American Indian men and women through educational events, and small media reflective of Montana's Tribal cultures. The MCCP regional contractors in counties throughout Montana partner with MAIWHC members and events to reduce duplication of efforts to reach the American Indian target population. The MCCP contractors provide information and enrollment forms for the direct screening services available to American Indian men and women through the MCCP.

FORT BELKNAP RESERVATION

Gros Ventre and Assiniboine Tribes Traditional Tribal Name: Gros Ventre refer to themselves as "A'aninin" meaning "People of the White Clay." The Assiniboine refer to themselves as the "Nakoda" meaning "the generous ones."

Total number of enrolled Tribal members: 7,000

Reservation Location: North Central Montana, south of the Milk River in between the Bearpaws and the Little Rocky Mountains.

Headquarters: Harlem, MT
Communities: Harlem, Fort Belknap, Hays, and Lodge Pole.

Annual Celebrations:
Lodgepole Powwow (June), Milk River Indian Days (July) and Hays Powwow (August).

FORT PECK RESERVATION

Assiniboine and Sioux Tribes Traditional Tribal Names: The Assiniboine refer to themselves as the "Nakoda" meaning "the generous ones." The two bands of Sioux Tribes refer to themselves as the "Dakota" and "Lakota" meaning "friends, allies, or to be friendly."

Total number of enrolled Tribal members: 11,786

Reservation Location: Northeast Montana's Hi-Line from the Big Porcupine Creek to the Big Muddy Creek.

Headquarters: Poplar, MT Communities: Fort Peck, Frazer, Wolf Point, Poplar, Brockton, Riverside, Oswego, and Fort Kipp. Bands of Assiniboine & Sioux Tribes: Sioux bands on Ft. Peck are Sisseton, Wahpetons, Yanktonais, and Teton Hunkpapa. Assiniboine bands on Ft. Peck are Canoe Paddler and Red Bottom.

Honoring our People

Over the past few years, we have lost great leadership within our coalition. They were mothers, grandmothers, aunties and professionals who paved the way, creating stronger partnerships, more comprehensive education and rallied their own Tribal communities to get screened. The love, humility, kindness, support and strength they brought to the group emulated that of our ancestors and we hope to continue carrying those same values forward as we continue our work.

We also honor all of our loved ones and families affected by COVID-19. Our Tribal communities, like our ancestors, faced great obstacles and challenges during difficult times and leaned on each other for support and guidance. MAIWHC will continue to work to support our communities in cancer prevention efforts in honor of those that came before us.

Health Equity

Healthy People 2030 defines health equity as the "attainment of the highest level of health for all people." Health equity continues to be a focus to improve the health and health outcomes for American Indian peoples. Understanding the impact of systemic challenges and barriers is a priority when addressing health equity. MAIWHC's goals and strategies are complimentary of the public health improvement efforts to strengthen and improve our communities by being culturally responsive and responsible.

To understand the gaps in systemic social determinants of health, we have used the most current data to show the call to action for more inclusive efforts to address health inequities (pg. 13-17).

Resiliency in Each Other

Another foundational element of our focus is the resiliency that American Indian peoples have shown throughout centuries of trauma. "The gift [of adversity] is the lesson we learn from overcoming it" (LaFromboise, et al., 2006).

Strong mind, strong will, and a strong and good heart –these are characteristics that resilient Native Americans possess in dealing with a lifetime of prolonged and near constant adversity and trauma. Native people have survived generations of genocide. The most devastating is the abolishment of the languages, cultural beliefs, and values. Despite this, remnants of all three have survived.

Understanding our history and the trauma our ancestors and more recently, our parents and each other, have endured, is the key to unlocking the healing process and reaching self-actualization. Becoming the best version of SELF.

NORTHERN CHEYENNE

Traditional Tribal Name: "Tsis tsis'tas" which means "we are the people."

Total number of enrolled Tribal members: 11,266

Reservation Location: Southeastern Montana, lies within the counties of Big Horn and Rosebud.

Headquarters: Lame Deer, MT Communities: Busby, Muddy, Lame Deer, Birney, and Ashland. Cheyenne Nation Bands: Northern Cheyenne and Southern Cheyenne.

Annual Celebrations: Northern Cheyenne Memorial Day Celebration (May), Lame Deer 4th of July Powwow (July), and Ashland Labor Day Powwow (September).

ROCKY BOY'S RESERVATION

Chippewa-Cree Tribes Traditional Tribal Name: Crees on this reservation call themselves "Nehiyahw" (Neehee-yo-w) meaning "Four bodied/souled people," Chippewas on this reservation call themselves "Anishinaabe" (uh-NISH-ih-NAH-bay) meaning "original person."

Total number of enrolled Tribal members: 6,177

Reservation Location: North Central Montana near the Canadian border. It is graced by the Bear Paw Mountains which provide a dramatic contrast to the flat bottomlands of this area.

Headquarters: Rocky Boy, MT Communities: Rocky Boy and Box Elder.

Annual Celebrations: Rocky Boy's Powwow (August) and Christmas Powwow (December).

Let's begin to walk up the river, together.

Many of our relatives have yet to overcome adversity, this is where we make changes with the lens of Kindness & Compassion. Every decision, service, and policy must be done with Kindness & Compassion for our relatives.

So, let's tell a story…

Three sisters are walking alongside a river, and suddenly they see helpless babies floating down the river. The one sister immediately, without hesitation, jumps in and starts to try to save all the babies and pull them out of the river. The next sister, also jumps in, after her sister, and states to her, 'we have to teach these babies how to swim!' The third sister, turns her head up river, and then begins to walk up stream. The other two sisters yell at her "Where are you going?! We have to save these babies!" The third sister turns around and states, "I am going to see who is putting all these babies in the river in the first place."

Let's begin to walk up the river, together.

Policy, Systems, Economy and Environment

As we as a nation begin to understand and mitigate the devastations from the COVID-19 pandemic aftermath, American Indians and Alaska Natives have also been challenged with additional systemic barriers. These barriers have a direct correlation with the impact of chronic disease and health disparities endured for over 50 years. Therefore, to be comprehensive with our approaches to identify, plan and evaluate the effectiveness of our proposed strategies, we must also include

policy, systems, economic and environmental considerations into our five-year plan.

Policy interventions may be laws, resolutions, mandates, regulations, rules, or funding sources. Examples are laws and regulations that restrict commercial tobacco use in public buildings and organizational rules that promote healthy food choices in a worksite. Policy change refers not only to the enactment of new policies but also to a change in or enforcement of existing policies.

Systems interventions are changes that impact all elements of an organization, institution, or system; they may include a policy or environmental change strategy. Two examples include a school district providing healthy lunch menu options in all school cafeterias in the district and a health plan adopting a health reminder intervention system-wide.

Economic interventions are changes such as supporting programs that encourage lifestyle changes and increasing physical activity with investment of things like safe walking paths and trails. The lack of chronic disease prevention efforts has shown to impact our economies by an increase in health care spending, which has been calculated to be more than $1 trillion, which is projected to increase to nearly $6 trillion by the middle of the century. (An Unhealthy America: The economic burden of chronic disease, The Milken Institute, 2007, DeVol R, Bedroussian A, Charuworn A, Chatterjee A, Et al.)

Environmental interventions involve physical or material changes to the economic, social or physical environment. Examples are the incorporation of sidewalks, walking paths, and recreation areas into community development design or the availability of healthy snacks and beverages in all of a high school's vending machines.

LITTLE SHELL CHIPPEWA

Traditional Tribal Name: Little Shell Chippewa of Montana. The Little Shell Band of Chippewa Indians are part of the historical Pembina Band of Chippewa Indians, first recorded by European settlers in documents of the Hudson's Bay Company in the early 18th century. Some Little Shell are also called "Métis" (may-tee) meaning "middle people" or "mixed blood."

Total number of Tribal members: 6,200+

Location: Little Shell Chippewa Tribe is without a reservation & members live in various parts of Montana. There are population concentrations in Great Falls, Havre, Lewistown, Helena, Butte, Chinook, Hays, Wolf Point, Hamilton, and Billings, as well as numerous other small communities in the state.

Headquarters: Great Falls, MT

Annual Celebrations: May Pow Wow held in Great Falls.

MAIWHC LEADERSHIP

MAIWHC Leadership

Boo-zhoo! As a little girl, I would spend all day, walking and playing in the trees that surrounded the little farm where I grew up-fascinated with the sounds and smells of the nature that kept me curious and appreciative of the connectedness I felt being a part of it, which I attribute this early skill to being the resilient woman I am today. I am Turtle Mountain Chippewa, and originally from North Dakota. I have had the privilege to work alongside many strong Native women during my career as a master-prepared Registered Nurse (Go UND Fighting Hawks!). It is important to me to understand our past to represent our future and is a legacy that I hope to ensure is reflected throughout our work in MAIWHC. The wisdom that continues to be passed along from generation to generation, including healing words from our past leaders in this amazing coalition, is part of creating this legacy. My goal for MAIWHC is to promote, preserve and protect the culture and traditions for American Indians and Alaska Natives, and for you, to be the best version of yourself.

Alona Jarmin RN, BSN, MSN
President MAIWHC

Oki! My name is Katelin Conway, and I am honored to be the current MAIWHC Vice President. I am Blackfeet, and I still currently reside on the Blackfeet reservation on our ranch with my husband, Nolan, and two daughters Addison and Deni. My family and I spend most of our time horseback working cattle or participating in rodeos across the country. I earned two master's degrees from the University of Montana in Business Administration and Public Health. I also earned my baccalaureate degree from Arizona State University in management. I am Senior Program Officer for Montana Healthcare Foundation, working primarily on American Indian health initiatives. I convene and facilitate collaboration to promote sharing and learning among our Montana communities. I have advanced regional efforts in patient, family, and tribal engagement with the continued vision of improved health and health outcomes across our region. I have over a decade of experience supporting education and health in Tribal and non-Tribal communities. My passion is driven by the patient and family voice, and I work diligently to improve patient-centered care and patient outcomes. As the Vice President, I love that I can work side-by-side with other amazing Native Women across our state! I look forward to continuing to help our reservations thrive.

Katelin Conway, MBA, MPH
Vice President MAIWHC

I have dedicated my life and education supporting Montana communities with a focus on Native American communities in Montana. I am of mixed heritage and very proud of my Crow Tribal membership and enrollment. I have two adult children, raised in Bozeman and the reservation. My father was an enrolled member of the Crow Tribe and worked over twenty-eight years for Bureau of Indian Affairs (Federal government). My mother was a German farm girl who adapted to living and learning Tribal ways. The family diversity provided me with a vast knowledge of different cultures and respect for all people.

I have experience of being an American Indian woman owning an operating a delivery business in Montana. I attended Salish Kootenai college and graduated from their ASN program. I advanced to Montana State University and completed the BSN program. Years of nursing experience from hospital, clinic and telemonitors in home health setting; I moved into a position of a RN Case Manager in the Emergency Room while completing my Master's in Nursing. My Master's project was titled "Review and comparison of three cultural competency programs for nurses". Post-graduation I taught nursing at Salish Kootenai College, worked for Indian Health Service, and several Montana hospitals. I was on the Montana Board of Nursing for two terms (eight years). Currently, I am working with DPHHS

and the Montana Emergency Medical Services for Children/Child Ready Program as the Cultural Liaison. I am active with the Montana Cancer Coalition and Montana American Indian Health Coalition as the Secretary.

I will continue to advocate for spending quality time with patients, families and community members. I will continue to pursue my interests in promoting health education in rural and underserved areas of Montana.

Lanette Perkins
Co-Secretary MAIWHC

Taŋyáŋ Yahípi! Oki! I am an enrolled member of the Sicangu Oyate Lakota (Upper Brulé Sioux Nation) and Piikani Nation (Blackfoot Confederacy), born on the Rosebud Reservation in South Dakota. As a wife, mother, sister, daughter, aunt, niece, and granddaughter, I am continuously reminded of the strength of our women and the gifts God has blessed us with to persevere through difficult times, so often shared with one another through story. Our stories hold truth, wisdom, and power. I think of my earliest memories traveling between South Dakota, Montana, and southern Alberta, from boarding school to powwows or hand game tournaments, summers working on ranches or farms along the Rocky Mountains, and spending time in homes full of relatives. My favorite memories are of listening to my family speak Blackfoot or Lakota while sewing, beading, cooking, harvesting, or gathering, always surrounded by prayer and song. These experiences became tools and resources I draw from today. I now call Missoula home where I work with All Nations Health Center (All Nations), an Urban Indian Health Organization serving our urban Native community with a commitment to providing trauma informed care within an integrated care model. This work has led me to work with other Native women to support and implement culturally responsive cancer prevention programming within our community and the state. As Co-Secretary of MAIWHC I am humbled to support the work of incredible Native women across Montana. Pilámaya. Nitsíiksimatsi'tsi'pa.

Cherith Smith, RPh, PharmD
Co-Secretary MAIWHC

My goal for MAIWHC is to promote, preserve and protect the culture and traditions for American Indians and Alaska Natives, and for you, to be the best version of yourself.

Montana American Indian Quick Stats

310 NEW CASES
OF CANCER DIAGNOSED EACH YEAR

100 DEATHS
DUE TO CANCER EACH YEAR

5 CANCER SITES
(LIVER, KIDNEY, STOMACH, LUNG, & COLORECTAL)
ACCOUNT FOR THE HIGHER CANCER INCIDENCE AND MORTALITY AMONG MONTANA AMERICAN INDIANS.

The following data sources are used to address areas of concern in our fire-year plan:

CDC Minority Health Social Vulnerability Index Explorer: https://onemap.cdc.gov/Portal/apps/MapSeries/index.html?appid=3384875c46d649ee9b452913fd64e3c4

Centers for Medicare and Medicaid Mapping Medicare Disparities by Population map: https://data.cms.gov/tools/mapping-medicare-disparities-by-population

Economic Innovation Group Distressed Communities Index: https://eig.org/dci/interactive-map?path=state/MT&sub-category=native

American Community Survey: https://www.census.gov/programs-surveys/acs/data/race-aian.html

Montana Central Tumor Registry: https://dphhs.mt.gov/publichealth/cancer/tumorregistry

Urban Indian Health Institute Urban Indian Health Program Profiles: https://www.uihi.org/urban-indian-health/urban-indian-health-organization-profiles/

Urban Indian Health Institute Data Genocide of American Indians and Alsaska Natives in COVID-19 Data: https://www.uihi.org/projects/data-genocide-of-american-indians-and-alaska-natives-in-covid-19-data/

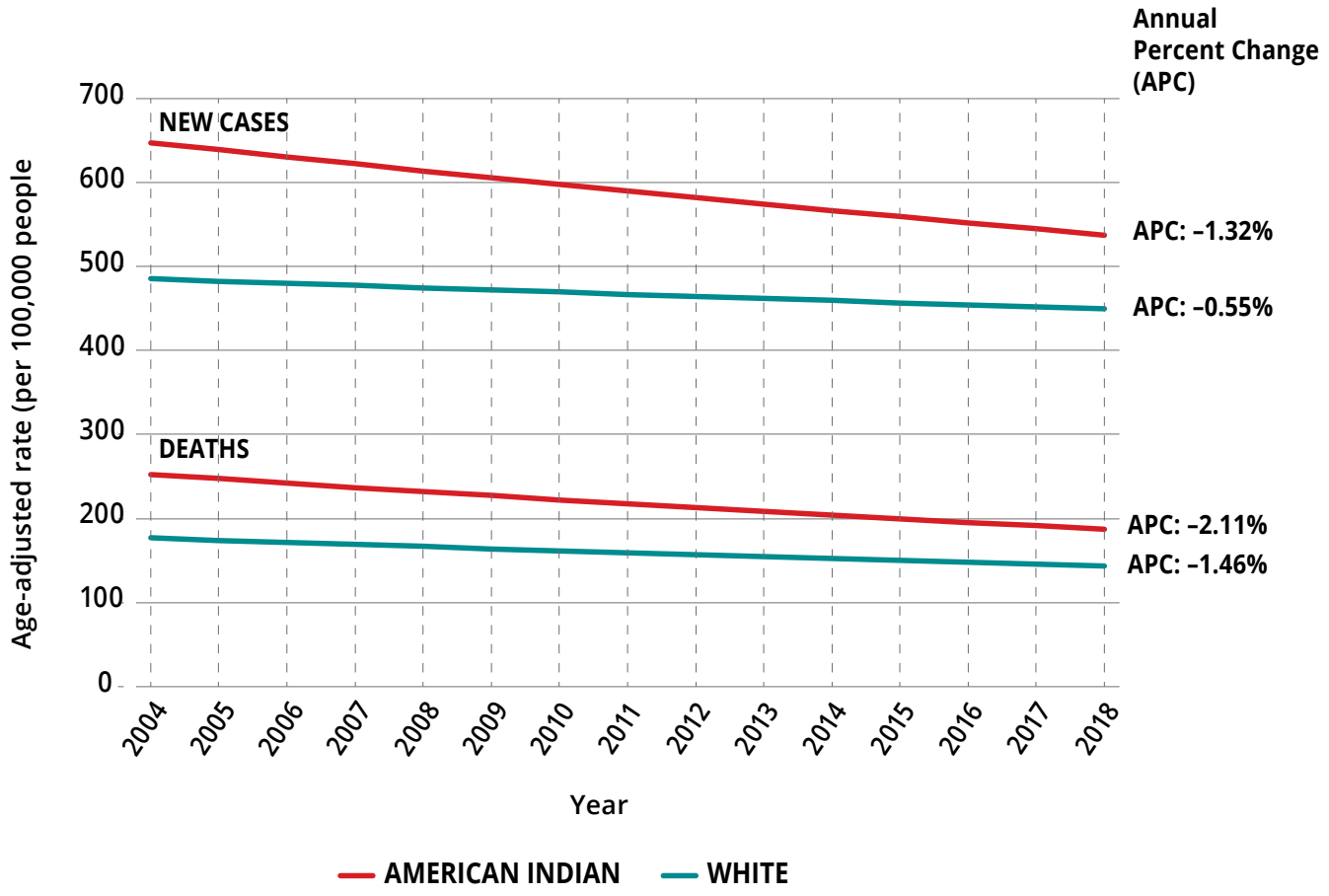


Figure 1: Cancer incidence (new cases) and mortality (deaths) trends among American Indian and white Montanans, 2004 – 2019

Data source: Montana Central Tumor Registry, 2004-2019; Montana Vital Statistics, 2004-2019

Cancer Among American Indians in Montana

Cancer presents a significant burden to American Indians (AI) throughout Montana. From 2015-2019 cancer was the second leading cause of death among Montana American Indians. On average, there are 310 newly diagnosed cancers and 100 cancer deaths each year among Montana American Indians.

The rate of new cancer cases (incidence) and deaths due to cancer (mortality) have decreased significantly among both AI and white Montanans since 2004 (**Figure 1**). Cancer incidence among AI in Montana decreased from 625 new cases per 100,000 people in 2004 to 550 in 2019 for an average annual percent change (APC) of -1.3%. Cancer mortality among AI also decreased going form 277 deaths per 100,000 people in 2004 to 224

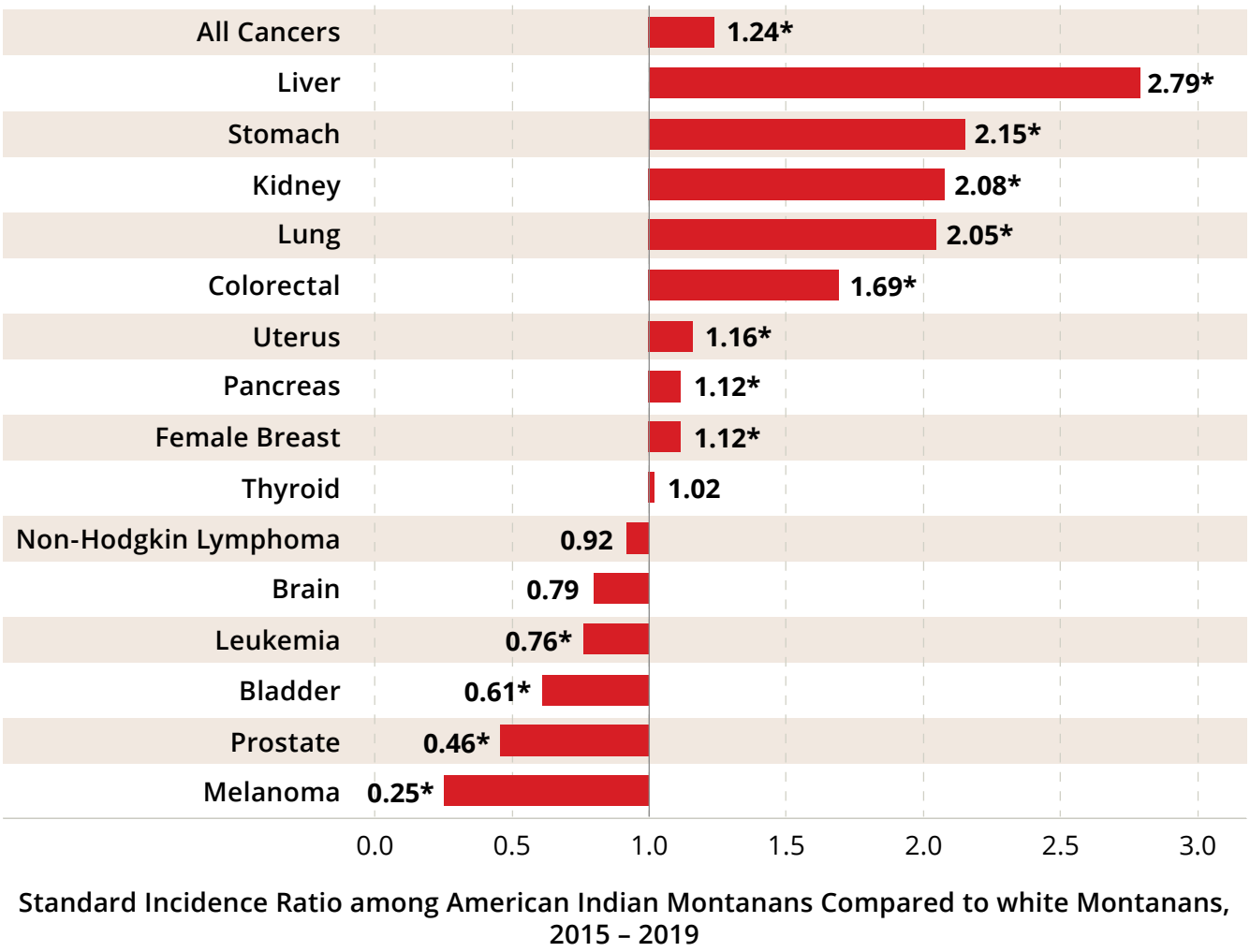


Figure 2A: Ratio of Cancer Incidence and Mortality by Cancer Type among American Indian Montanans Compared to white Montanans, 2015 – 2019

**indicates a statistically significant difference*

in 2019 for an APC of -2.1%. The decrease was greater among AI Montanans than among white Montanans for both cancer incidence and mortality. However, cancer incidence and mortality are still significantly higher among Montana AI compared to Montana whites.

Five types of cancer account for the increased cancer incidence and mortality among AI; liver, kidney, stomach, lung, and colorectal. AI Montanans have more than two times the incidence of liver, kidney, stomach, and lung cancer and more than two time the mortality of kidney, liver and stomach cancer as white Montanans (**Figure 2**).

These five cancers also have many modifiable risk factors in common: obesity, commercial tobacco use, excessive alcohol use, and infections all increase the risk of three or

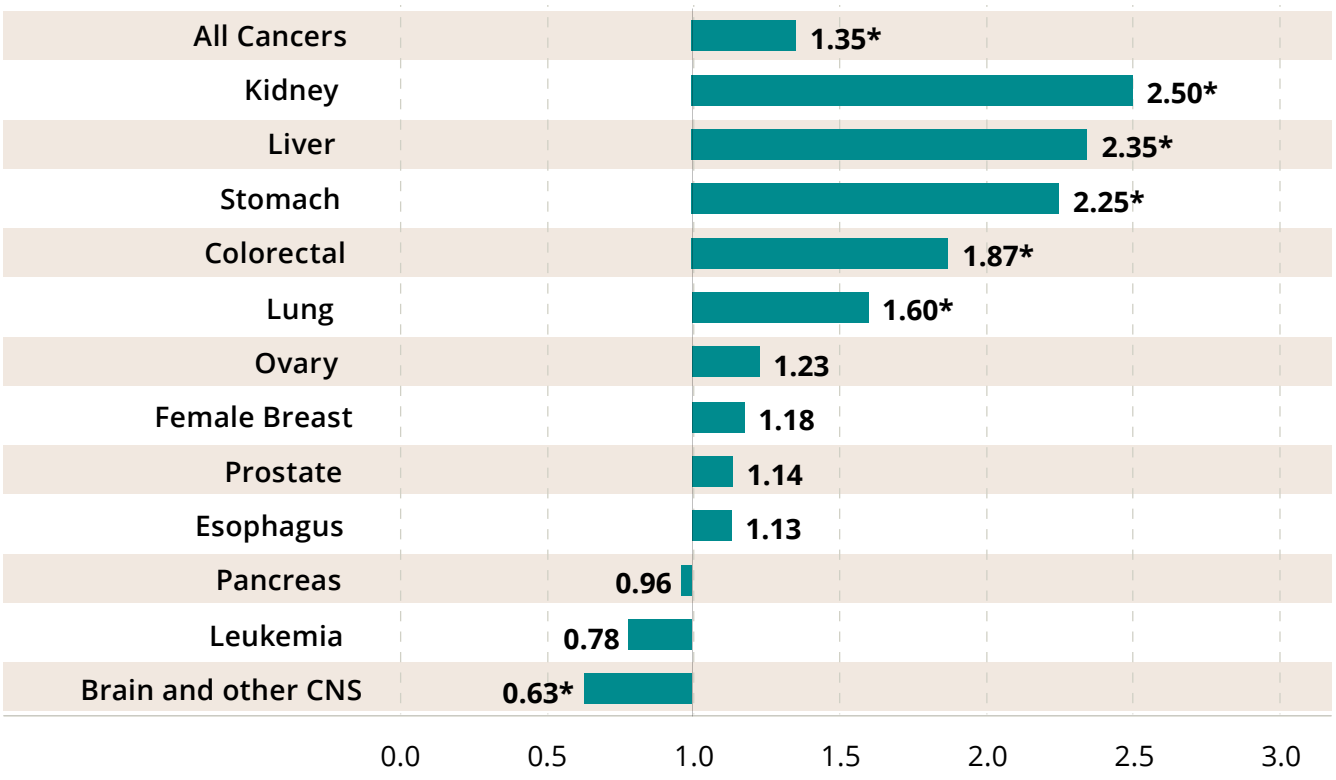


Figure 2B: Ratio of Cancer Mortality by Cancer Type among American Indian Montanans Compared to white Montanans, 2015 – 2019

**indicates a statistically significant difference*

more of these cancers (**Table 1**). In 2020, the percentage of Montana AI adults who reported being current smokers was significantly higher than white Montanans; 40% of AI adults vs. 15% of white adults. Obesity was also significantly more common among AI adults and high school students compared to white adults and high school students. Almost half (47%) of AI adults were obese in 2020 compared to 27% of white adults. Twenty-two percent of AI high school students were obese in 2021 compared to 10% of white students. There was no significant difference in reported binge drinking or heavy drinking between AI and white adults or high school students.

Colorectal cancer can also be prevented by proper screening. The United States Preventive Services Task Force recommends that all average risk adults start colorectal cancer screening at the age of 45. Unfortunately, only 58% of American Indians were up to date with colorectal cancer screening in 2020. This is far below the national goal of 80% and presents an important opportunity for reducing incidence of colorectal cancer among AI.

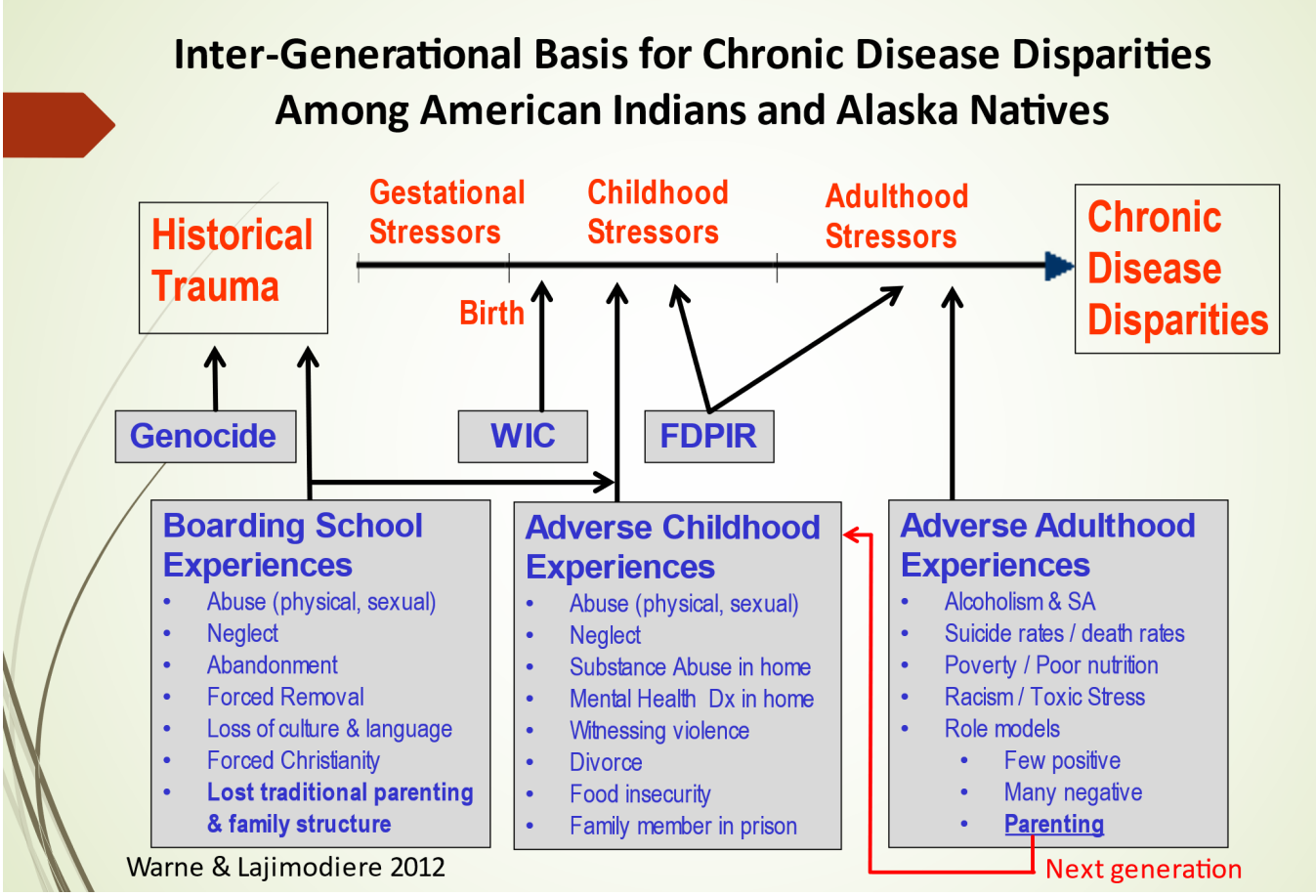
	OBESITY	COMMERCIAL TOBACCO USE	EXCESSIVE ALCOHOL USE	CHRONIC INFECTIONS
Liver and Bile Duct	X	X	X	Hepatitis B Hepatitis C
Kidney and Renal Pelvis	X	X		Hepatitis C
Stomach	X	X	X	H. Pylori
Lung and Bronchus		X		
Colorectal	X	X	X	

Table 1: Modifiable Risk Factors and Cancer

Correlation of Chronic Disease and Cancer

Chronic disease is a significant risk factor for cancer. AI/AN people have higher rates of chronic disease than other groups in the US (CDC 2018), which in turn puts them at greater risk for cancer. Several aspects contribute to this chronic disease disparity experienced by AI/AN peoples, which Warne & Lajimodiere (2012) explain in the image on the following page.

The MAIWHC Plan incorporates common objectives, strategies and measures from plans developed by statewide partners working on obesity and commercial tobacco control. As state chronic disease prevention programs and partnerships implement an increasing number of disease-focused activities, opportunities abound for cross-program integration through commonalities in venue (e.g., worksites); approaches (e.g., the use and/or training of community health workers); audiences (e.g., particular communities), and partners (e.g., health plans). Identifying and leveraging these opportunities should enable MAIWHC to more effectively and efficiently reduce the burden of chronic diseases in Indian Country in Montana and to help people live longer, healthier lives.



** Image used with the permission of Dr. Donald Warne*

How to Get Involved

MAIWHC

Scan QR code below with your cell phone camera to register!

The MAIWHC Plan represents Montana American Indians' intent to improve the health and well-being of our American Indian peoples. MAIWHC works closely with the Montana Cancer Coalition (MTCC), and this plan supports the Comprehensive Cancer Control (CCC) Plan. The MAIWHC Plan describes priorities for cancer control activities that encompass the full cancer continuum, from prevention and early detection to quality of life and survivorship and end-of-life, regardless of whether you live on a reservation or are considered an urban Indian.

The following are ways to get involved in cancer control activities that support MAIWHC and the CCC Plan:

IF YOU ARE A CANCER SURVIVOR:

- Encourage employers and schools to support cancer survivors and their needs as they transition through their cancer diagnoses.
- Join a support group.
- Join an advocacy group or organization, such as MAIWHC or the MTCC, to improve survivor experiences and quality of life.
- Mentor survivors and co-survivors to empower them to actively participate in their healthcare decisions.
- Share your experience to educate the public about the needs of survivors and the benefit of early screening.

IF YOU ARE AN AMERICAN INDIAN:

- Avoid commercial tobacco use.
- Become an active member of MAIWHC and the MTCC.
- Choose nutritious foods to achieve and maintain a healthy weight.
- Engage in physical activity each day, totaling 30 minutes.
- Get recommended vaccinations such as Hepatitis, Human Papilloma Virus, etc.; these vaccinations help prevent cancer.
- Schedule recommended cancer screenings and encourage family members and friends to do the same.
- Participate and volunteer in cancer control activities in your community; educate, plant a community garden, volunteer at a food pantry, start an awareness campaign.

The MAIWHC Plan represents Montana American Indians' intent to improve the health and well-being of our American Indian peoples.

IF YOU ARE A HEALTHCARE PROVIDER:

- Ask all patients whether they use commercial tobacco and other nicotine-delivery products and provide cessation interventions to patients who do.
- Screen patients for obesity, and support those working to achieve or maintain a healthy weight.
- Commit to becoming a trauma-informed organization
- Talk with patients about cancer screening guidelines at every opportunity.
- Provide Patient Advocates who are familiar with Indian culture.
- Provide cancer patients with a comprehensive survivorship care plan.
- Pursue continuing education to understand survivor needs and available best practices.
- Talk with patients about the benefits of palliative care and hospice.
- Work with MAIWHC and the MTCC to include cancer control messages on display boards and advertising spaces.
- Recommend cancer-preventing vaccines such as Human Papilloma Virus and Hepatitis B to appropriate populations.
- Promote Cancer awareness campaigns that promote screening.
- Provide culturally tailored resources, trainings and media tools.
- Analyze data to identify gaps in cancer related screenings.

IF YOU ARE AN EDUCATOR:

- Be a role model, promote healthy lifestyle behaviors to students, families, and staff.
- Communicate about cancer-preventing vaccines such as Human Papilloma Virus and Hepatitis B.
- Encourage staff to get recommended cancer screenings.
- Learn how to work with kids and families when cancer touches their lives.
- Organize student advocacy groups to support cancer control activities.
- Provide healthy food options to students and staff; organize a community garden/food pantry.
- Provide information on the return-to-school transition process for childhood cancer survivors, families, and school staff.

IF YOU ARE AN EMPLOYER:

- Provide access to commercial tobacco-use cessation programs for employees; and keep worksites free of commercial tobacco.
- Implement a worksite wellness program.
- Encourage employees to be physically active and to select nutritious foods.
- Provide sun-protective gear or products for employees working outside.
- Provide insurance coverage for recommended cancer screenings and time off for employees to get screened.
- Provide information on return-to-work transition issues to survivors and their co-workers and implement systems to allow employees to continue their work during treatment.

IF YOU ARE A POLICY MAKER:

- Support policies to improve funding for cancer survivorship services, screening, treatment, research, and surveillance.
- Support policies that assist and encourage healthy lifestyle choices.
- Support policies to improve access to healthcare.
- Establish long term relationships with Tribal leaders.
- Invest in Tribal communities.
- Seek historical context information and resources.

For additional information please visit our website at http://dphhs.mt.gov/publichealth/cancer or contact the Montana Cancer Control Programs with the State of Montana, Department of Public Health and Human Services: cancerinfo@mt.gov.

Measuring Success

Measuring the outcomes of specific initiatives and tracking progress in meeting targets in the MAIWHC Plan is essential to achieving the goals of MAIWHC. A Montana Cancer Control Programs staff oversees these components of evaluation in close collaboration with the MAIWHC leadership.

Selection of targets is based on considerations such as the existing baseline and trends, goals that other states have proven achievable, and the desire to attain health equity.

MAIWHC objectives related to cancer occurrence rely on data from the Montana Central Tumor Registry (MCTR), which is part of the Montana Department of Public Health and Human Services.

Because of the MCTR's work in collecting information on stage of diagnosis, treatment, and race, it is possible to compare cancer rates and trends of specific kinds of cancers in Montana with those in the nation and to see how those rates and trends vary by region, age, gender, and race. The MCTR is also able to provide cancer data on Montana Indian Reservations that are featured throughout this document.

Our Population in Montana

In 2020, Montana had a population of 1,084,225 and was the fourth largest state in total square miles making it one of the most rural states in the nation (average population density of 7.5 persons per square mile). 6.5% percent of the population (about 78,000 people) identify as American Indian alone or in combination with one or more other races.

There are 12 Tribal nations, eight federally recognized tribes, seven Indian reservations, and five Urban Indian Health Centers in Montana. Approximately 78,000 American Indians live in Montana with roughly 70% living on a reservation. These reservations are located in very rural or frontier areas where access to care is limited and the distance to a major medical facility is over an hour away.

Our Focus Areas

MAIWHC mirrors the MTCC Implementation Teams' titles, however, the goals and strategies have been refined to include more indigenous language and approaches. We want to ensure that the interventions we put into place to meet each of the goals, are measured in a way that evaluates the benefits to our populations, which may be from the number of participants at an event, to the number of recruited new MAIWHC members. The partnerships that we have with state and local health departments have also been helpful to assist with putting on events such as Pink Bingo's, and #walkyourmocsMT events and we thank them for helping MAIWHC with our strategies and goals to reduce the impact of cancer for Montanans.

PREVENTION

Prevention

GOAL: Prevent cancer from occurring

Objective 1: Work with statewide and local organizations, associations, and Tribal leaders to implement sun safety practices.

Strategy 1: Identify partners to distribute educational materials. One partner identified per year.

Strategy 2: Work with Tribal organizations to identify an event to promote sun safety practices.

Objective 2: Increase the number of adolescents fully immunized against Human Papillomavirus.

Strategy 1: Work with Tribal and Urban Indian Health care facilities to disseminate Human Papillomavirus educational materials.

Strategy 2: Work with Tribal college health programs to educate the Native Youth population.

Strategy 3: Partner with Indian Education for All (IEFA) and Title VII Parent Advisory Committees to promote education on Human Papillomavirus and the vaccines.

Objective 3: Decrease prevalence of commercial tobacco use and exposure to second-hand smoke by working with the Montana Tobacco Use Prevention Program (MTUPP) and other commercial tobacco prevention partners.

Strategy 1: Partner with Tribal and Urban Tobacco Prevention programs to identify solutions to remove barriers to smoke free environments.

Strategy 2: Partner with Women, Infants, and Children (WIC) and Tribal Health programs to disseminate 2nd and 3rd hand smoke educational materials.

Objective 4: Decrease prevalence of obese and overweight individuals by working with State and local partners to increase physical activity and improve nutrition.

Strategy 1: Coordinate and communicate with Tribal Health programs to identify healthy lifestyle strategies which are culturally relevant.

Strategy 2: Work with Indian Health Service Behavioral Health to promote behavioral modification through physical activity and nutrition, such as promoting walkyourmocs events based on the IHS Physical Activity Kit (PAK) curriculum.

Strategy 3: Encourage Tribal leaders to commit to being role models in promoting healthy lifestyles and healthy choices, including promotion of breastfeeding.

SCREENING & EARLY DETECTION

Screening & Early Detection

GOAL: Detect cancer in its earliest stage.

Objective 1: Increase cancer screening using nationally recognized guidelines.

Strategy 1: Promote cancer screening based on recognized guidelines through education to the healthcare community (providers, healthcare workers, etc.) and the American Indian population.

Strategy 2: Work with Indian Health Service, Tribal Health services, and wellness educators to educate patients on covered services for screenings.

Strategy 3: Implement culturally sound small media tools such as, but not limited to, videos, printed materials, fliers, brochures, Facebook, websites, newspapers, etc. to inform and motivate people to get screened.

Strategy 4: Implement group and one-on-one education trainings to the American Indian population to increase awareness and availability of cancer screenings and to show ways to access these services through culturally competent means.

Percent of Montana American Indian men and women aged 50-75 who report being up-to-date with colorectal cancer screening.	58% BASELINE (2020)	80% TARGET
Percent of Montana American Indian women aged 50 and over who report having had a mammogram in the past two years.	65% BASELINE (2020)	80% TARGET
Percent of Montana American Indian women aged 21-65 years who report having had a pap test in the past three years.	75% BASELINE (2020)	86% TARGET
The proportion of Montana American Indian men (aged 40 years and older) who report having had a prostate-specific antigen (PSA) test within the past two years	18% BASELINE (2020)	29% TARGET
The proportion of Montana American Indian men (aged 40 years and older) who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their healthcare provider.	26% BASELINE (2014)	29% TARGET

Data Source: MT BRFSS

Strategy 5: Educate providers on the importance of utilizing culturally appropriate navigators when working with American Indian patients who have abnormal screening results.

Strategy 6: Educate the American Indian population and healthcare communities on low-cost or no-cost cancer screening services.

Strategy 7: Educate and encourage the American Indian population to advocate for their own health.

Objective 2: Increase the number of American Indian men who recognize the need for culturally informed decision-making discussions with their providers regarding cancer screenings.

Strategy 1: Educate providers on current screening guidelines and resources for American Indian men.

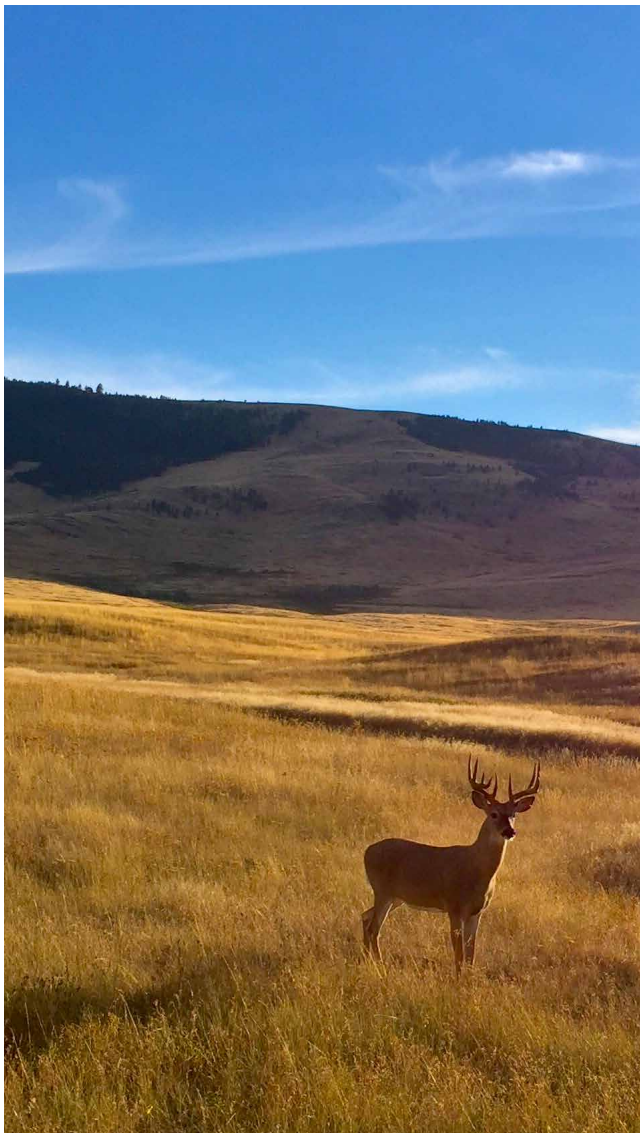
Strategy 2: Encourage and advocate for peer-to-peer education to aid in more culturally relevant informed healthcare decisions.

Objective 3: Reduce the incidence of liver cancer among American Indian populations.

Strategy 1: Encourage and promote the recommended hepatitis vaccination.

Strategy 2: Educate providers on the need for additional screening to prevent liver cancer among American Indian peoples.

Strategy 3: Promote culturally appropriate lifestyle changes to reduce the incidence of liver cancer in American Indian peoples.



ACCESS TO CARE FOR ALL

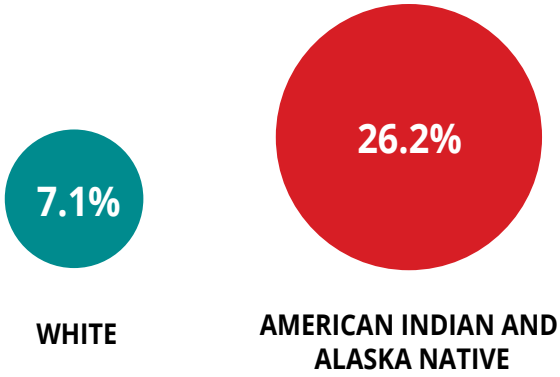
Access to Care for All

GOAL: Ensure access to patient and family centered care that is culturally appropriate.

Objective 1: Identify and share evidence-based and best practice resources for access to patient-centered care to diagnose and treat cancer.

Strategy 1: Provide support and recommendations to Tribal and urban communities on sharing race and ethnicity data, consistent with federal, state, and local Tribal guidance

Strategy 2: Collaborate with stakeholders including Indian Health Service, Urban Indian Health centers and Tribal Health to provide education on the benefits of having healthcare coverage and advocating for your healthcare preferences.



2016-2020, UNINSURED IN MONTANA

Data Source: US Census Bureau

Objective 2: Increase access to and utilization of telehealth services.

Strategy 1: Provide support and collaboration opportunities to increase the access to broadband services in Indian Country to increase use of telehealth services.

Strategy 2: Support Cancer Coalitions to increase awareness on the use of telehealth services for patients and oncology practitioners.

Objective 3: Collaborate with Tribal nations and their partners to improve health equity of oncology care in Indian Country and provide care consistent to what matters to patients and their families.

Strategy 1: Identify gaps in services using appropriate race and ethnicity data.

Strategy 2: Evaluate and support improvement in the delivery of oncology care to address the gaps in Indian Country.

Objective 4: Enhance the availability of education around trauma-informed approaches and care for American Indian peoples.

Strategy 1: Partner with state and local efforts to facilitate increased awareness and education on the impacts of historical trauma among American Indian peoples.

Strategy 2: Promote the use of trauma-informed and resiliency focused approaches to improve the health outcomes of American Indian peoples.

QUALITY OF LIFE & SURVIVORSHIP

Quality of Life & Survivorship

GOAL: Promote culturally relevant inpatient and outpatient palliative and end-of-life-care.

Objective 1: Educate on the importance of providing cancer survivors with a comprehensive care summary after completing treatment.

Strategy 1: Share and encourage the use of culturally-appropriate training and resources to cancer centers to implement comprehensive survivorship plans.

Strategy 2: Promote the utilization of culturally appropriate navigators to help develop a summary of next steps in the care process.

Strategy 3: Educate patients and families of the importance of ensuring that care summaries are given to their primary care providers.

Percentage of patients receiving a care summary.

47%	100%
BASELINE	TARGET

Data Source: 2020 BRFSS & Cancer Center Data

GOAL: Promote survivorship care planning for American Indian oncology patients and their families.

Objective 2: Increase awareness of support services.

Strategy 1: Collaborate with key partners to collect information regarding the existence and utilization of rehabilitation services available.

Strategy 2: Develop partnerships with nursing programs that service reservations, job corps, and state programs.

Strategy 3: Provide and promote survivorship education to Tribal councils and Tribal Health.

Objective 3: **Support awareness of and utilization of palliative care and hospice services for American Indian peoples.**

Strategy 1: Develop relationships with local hospice providers to include culturally-appropriate materials.

Strategy 2: Partner with nursing programs to help improve the quality of life and survivorship outcomes for American Indian seniors and their families.

... we will continue to work to reduce the impact of cancer in Montana and beyond.

Objective 4: **Increase the education on the importance of communicating your health preferences, including advance care planning.**

Strategy 1: Educate and promote advance care plans with Tribal populations.

Strategy 2: Educate Tribal Health and clinical staff to encourage completion of advance care plans including the use of the state registry.

Number of advance directive plans registered with the Attorney General's Office.

17,619
BASELINE (2015)

23,619
TARGET

Data Source:MT Department of Justice

SOURCES

Sources

https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers

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