

COALITION BUILDING TO ADVANCE CANCER HEALTH EQUITY FOR TRIBES IN ARIZONA

“...coming together is the most important and following what the community would like.”

- AICHEF attendee

Cancer in Arizona

Cancer is the second leading cause of death among Native Americans nationwide. In Arizona, Native Americans who constitute 5.7% of the state population, have lower incidence rates of screening for detectable cancers than non-Hispanic Whites and are more likely to be diagnosed with advanced cancer stages.

The Center for Native American Cancer Health Equity (C-NACHE) is dedicated to the goal of promoting systems-level changes to reduce the unequal cancer burden in Native American communities and advance overall health equity. C-NACHE is supported by an award from the American Cancer Society to Northern Arizona University, where it is located in Flagstaff.

Arizona Inter-Tribal Cancer Health Equity Forum (AICHEF)

A total of 40 participants attended [C-NACHE's inaugural AICHEF event](#) in Flagstaff. Forum attendees included health educators, patient navigators, community health representatives, epidemiologists, tribal health and government leaders, and health policy developers. 6 tribal nations, 12 tribal-serving health agencies, 4 universities, and 2 state-level entities were represented.

Conversations throughout the day were guided by a distinguished line of presenters that contributed key insights regarding centering health and disease from an Indigenous worldview, state and national cancer data in Native communities, and potential policy routes and solutions.



APPLYING AN INDIGENOUS LENS

Before presentations surrounding cancer in Tribal communities took place, it was important that the day started with a discussion that situated health (balance) and disease (imbalance) from a Native cultural and historical perspective. Eric Hardy, Senior Program Coordinator of the Labriola National American Indian Data Center at the Arizona State University Library, provided that with his presentation; *Indigenous Framework Approach: Resisting Colonization through Cultural Resilience in Public Health*. Mr. Hardy's presentation provided a background of Indigenous health and wellness and primed attendees on how beneficial and necessary it is to engage Indigenous cultural frameworks to support tribal wellness endeavors within the context of cancer prevention and control.

“Opening and establishing Indigenous knowledge as the foundation for having conversations was great!”
- AICHEF attendee

Native Americans in Arizona are more likely to be diagnosed with advanced cancer stages

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Key Takeaways

#1: Tribal nations call for improvements in cancer data access and data collection.

- Current cancer data is generalizable and misleading. Increased access and unique community inputs are critical to the accuracy of the data and building data infrastructure at the tribal level should be prioritized.

#2: Advances in Native American cancer health equity require increases in tribal funding and capacity.

- Tribal programs understand how to enhance cancer health equity in their communities but due to systemic barriers that result in healthcare services and healthcare system disconnects, they lack the necessary monetary, staffing, and training needs.

#3: Tribal cancer health leaders and allies desire increased learning opportunities to engage in health policy advocacy in Arizona.

- Building knowledge of how to navigate the Arizona political landscape and connect with state elected representatives were highlighted as impactful ways to increase Native American health voices in policy and decision-making.

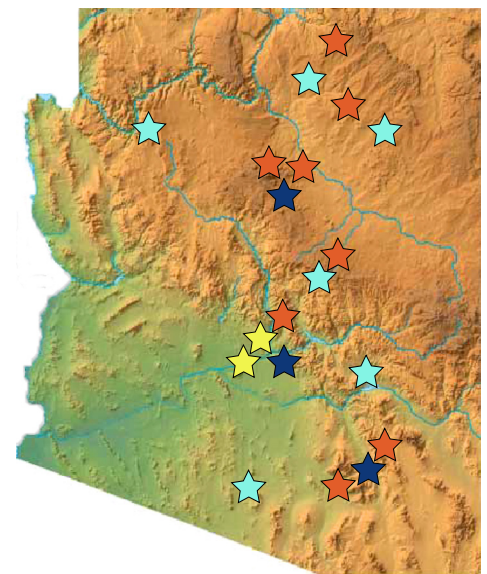
#4: Rural tribal communities face higher disparities in access to cancer screening and treatment resources.

- Most rural tribal households cannot reasonably afford the high financial costs that come with staying in and traveling to larger towns and urban areas to get screened for cancer or receive cancer treatment.

Policy Recommendations

- **Recognize** tribal data sovereignty by amplifying tribal voices in data collection and data sharing processes.
- **Advocate** for mandatory tribal funding mechanisms.
- **Increase** culturally responsive educational opportunities for tribal community stakeholders to be more involved in the policy process at the state level.
- **Increase** the number of mobile cancer screening units in rural areas and tribal communities.
- **Increase** financial support resources for cancer patients from rural communities to travel to far-away health-care providers for cancer treatment and care.

Tribes and Tribal-Serving Entities Represented at the Forum



Map legend

- Turquoise: Tribes
- Orange: Healthcare organizations
- Dark blue: Universities
- Yellow: ITCA and AZ Senate

The Center for Native American Cancer Health Equity (C-NACHE) is an American Cancer Society (ACS) funded Cancer Center within the Center for Health Equity Research (CHER) at Northern Arizona University (NAU). C-NACHE's goal is to reduce the unequal cancer burden within Native American communities by uplifting community voices, strengths, and wisdoms to inform cancer care, action, and health policies.



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