

A woman with grey hair, wearing traditional Native American regalia, stands outdoors in front of green foliage. She is wearing a white fringed garment with multiple beaded necklaces in red, yellow, and blue. She holds a large dark feather in her right hand and a red cloth with a white rose in her left. A blue bag with a red rose is visible at the bottom right.

# *Native People's* wellness

**Cervical Cancer Prevention, Detection, and Care**

## **“My Triumph Over Cancer”**

*Maxine Brings Him Back-Janis tells her story*

## **HPV Vaccination in Action**

## **We Hold the Future:**

*Working to decrease cervical cancer in Native American communities*

## **“On the move!” with Fond du Lac**





## Rosanne Wyman

**Diagnosed with cervical cancer in 1982, Roseanne was a 22-year survivor.**

Rosanne lived on the U.S. and Canadian border. She was an advocate for anyone diagnosed with cancer. In the 1990s she created “Miles to Go,” a Canadian Aboriginal cancer education and support organization. Once, she gently held and comforted a young woman diagnosed with breast cancer while talking with her during the “Young Women with Breast Cancer” annual conference in 2008. She talked about spiritual strength and the Medicine Wheel. She was a model for all, not just those diagnosed with cancer. She passed in February of 2009 due to complications from her cancer treatment.

“*[The cancer experience] has been a journey that I wouldn’t change now. If I had the chance to take it all back, I wouldn’t. It’s increased my awareness of other people. It’s increased my spirituality. It’s increased the fact of who I am. And, I am an Indian woman and proud to be one...I’m happy I got it. It changed me as an individual; I’m walking a different path. I’m walking on a hopefully straight and narrow road and going in the right direction that the Creator intended me to go. I pray. I feel my spirituality is why I am here today. I like to go out and talk, tell my story of my hardships, my good times and my bad times - things that can bring a smile to your face or bring a tear to your eye, or things that maybe somebody else is going through, those same feelings that they have suppressed. It is all attributed to my spirituality. The power of prayer, the Indian medicine combined with the Western medicine is powerful. I feel that this is the reason I’m here. To walk my walk and talk my talk. And that’s what I do. It’s just something that’s so incredible.*”

– Roseanne Wyman (Mohawk)

Rosanne received support through Native American Cancer Research’s “Native American Cancer Education for Survivors” (NACES) program. You can hear and see Rosanne on the NACES website at: [www.natamcancer.org/vignettes/vignettes.html#w\\_text](http://www.natamcancer.org/vignettes/vignettes.html#w_text). For more information: [www.natamcancer.org](http://www.natamcancer.org).

# Native People's Wellness

## Acknowledgments

Many of the sources for material include the Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC); National Institutes of Health (NIH), National Cancer Institute (NCI); Native American Cancer Research (NACR); and other sources as cited. The development of this material was supported through CDC DCPC Cooperative Agreement 1U57 DP003084. The content is solely the responsibility of NACR and the authors and does not necessarily represent the official views of the CDC or any other federal agency.

## Editorial Credits

Special thanks to the women and men who shared their stories and pictures in order that others may benefit from their experiences. Many people made this publication possible. This includes Brenda Seals, Paula Marchionda, Linda Burhansstipanov, Denise Lindstrom, Linda Krebs, Linda Cornier, Peg Fennimore, and Lisa Harjo who provided writing, photography, and editing. Paula Marchionda, Jill Conley and Rick Clark created the design and graphics. Tribal breast and cervical cancer early detection programs provided original logo art and many photographs. Several people provided editorial review as well as a review committee from the CDC DCPC including T'Ronda Joseph, Annie Fair and Dr. Jacqueline Miller.

## Disclaimer

This publication should not substitute for professional advice from a health care professional. Readers should always consult a physician or other health care professional for medical screening, treatment and advice. Please note that the phrase "see your health care provider" refers also to tribal clinic professionals such as a Doctor, a Physician's Assistant, a Nurse Practitioner and/or a Nurse Midwife.

Native American Cancer Research Corporation is a national non-profit organization dedicated to improving the lives of American Indian and Alaska Natives by helping them prevent cancer, detect cancer early and provide the highest quality care and lifestyle for cancer survivors and their loved ones.



## NACR

Native American Cancer  
Research Corporation  
3110 S. Wadsworth Blvd, #103  
Denver, CO 80227  
303-975-2449  
1-800-537-8295  
[www.natamcancer.org](http://www.natamcancer.org)

## CERVICAL CANCER PREVENTION, DETECTION AND CARE



## 4 Protect Yourself from Cervical Cancer



## 8 Cervical Cancer: Staging & Treatment



## 9 My Triumph Over Cancer *Maxine Brings Him Back-Janis Tells her Story*



## 12 Cancer Prevention Program Highlight: *Idaho Comprehensive Cancer Program*

## 10 BCCEDP Program Highlight: *Native American Rehabilitation Association*



## 13 HPV Vaccination in Action



## 14 We Hold the Future: *Working to Decrease Cervical Cancer in Native American Communities*



## 15 BCCEDP Program: *Cheyenne River Indian Reservation*



- 2 Cervical Health Terms
- 3 What is Cervical Cancer?
- 6 HPV and Cervical Cancer
- 7 The HPV Vaccine
- 16 Regional Conferences for  
Cancer Control
- 18 Tribal and Urban Native Breast and  
Cervical Program Contacts 2011
- 20 Craft Activity: Painted Feathers
- 21 "On the move!" with Fond du Lac
- 21 Recipe: Tanka-me-a-lo (Buffalo Stew)
- 22 HPV is Not a Tradition (back cover)

## On the cover:

33-year cervical cancer survivor  
Maxine Brings Him Back-Janis  
*Story on page 9*

# Cervical Health Terms

## Definitions of words you may hear from healthcare providers

**Biopsy (BY-op-see):** A piece of tissue or group of cells is removed from the growth or cyst. These cells are examined by a pathologist. A biopsy is the best way to make a diagnosis.

**Cervical cancer (Ser-vih-kul Kan-ser):** Cancer (malignant (ma-LIG-nant) cells) that is found in the cervix.

**Chemotherapy (KEE-moh-THAYR-uh-pee):** Treatment with drugs that kill cancer cells. It is generally used when there is a high risk for the cancer coming back or for those with more advanced disease. Drugs are usually given into a vein (IV; intravenously).

**Clinical Trial:** Research that tests how well a new method of screening, prevention, diagnosis, treatment, or a supportive/comfort care measure works in people.

**CT scan (Computerized Axial Tomography or CAT Scan):** Detailed pictures of the inside of the body. Pictures are created by a computer linked to an x-ray machine. They are taken from different angles. Also called known as computerized tomography (toe-MOG-rah-fee).

**Diagnosis (die-egg-NOH-sis):** The process of finding if the symptoms or evidence of cancer is really cancer.

**Dysplasia (dis-PLAY-zhuh):** Cells that look abnormal under a microscope but are not cancer

**In situ (in-SIGH-two):** The cancer cells have not spread to neighboring tissue

**Metastasis (meh-TAS-ta-sis):** The process by which cancer cells spread from one body part to another or from the primary site to other organs by traveling through the blood vessels or lymph vessels.

**Oncologist (on-KOL-o-jist):** A doctor who specializes in treating cancer. Some oncologists specialize in a particular type of cancer treatment. For example, a radiation oncologist specializes in treating cancer with radiation.

**Pathologist (pa-THOL-o-jist):** A doctor who studies tissues and cells to identify disease.

**Pelvic Exam:** During a pelvic exam the health care provider looks at and feels the organs around your cervix to make sure their shape and size is normal.

**Precancerous (pre-KAN-ser-us):** Cells/tissue that is not yet malignant, but is likely to become malignant over time if left untreated.

**Radiation (ray-dee-AY-shun):** Energy released in the form of particles or electromagnetic waves. Common sources of radiation include radon gas, cosmic rays from outer space, and medical x-rays.

**Speculum (SPEK-yoo-lum):** Used to widen a body opening (such as the vagina) to make it easier to look inside.

**Tumor (TOO-mer):** A mass or growth of cells that multiply more than they should or do not die as they should. These cells form a mass of tissue, called a tumor.

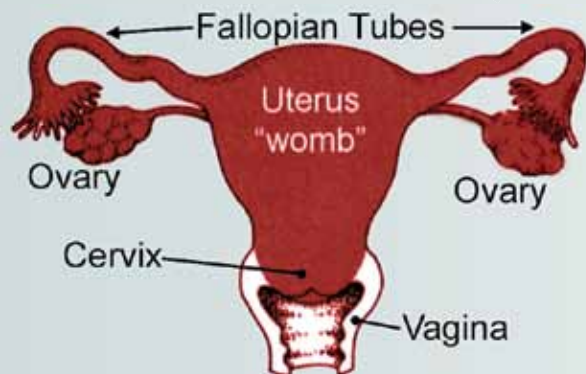
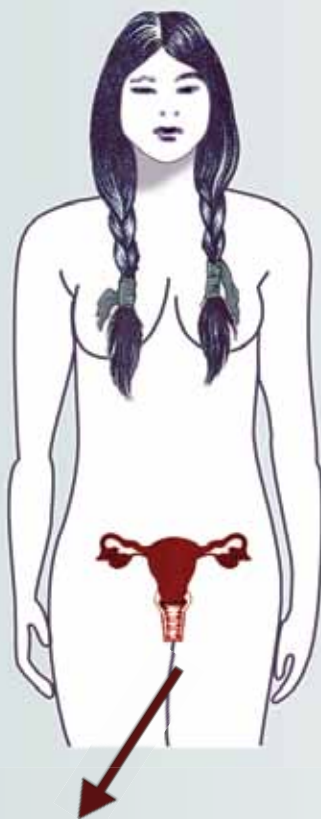
- A benign (BEE-nine) tumor is not cancer and it does not become cancer. Most (8 out of 10) tumors are not cancer (they are benign).
- A malignant [ma-LIG-nant] tumor is cancer and can spread to other parts of the body.



# What is Cervical Cancer?

Cancer is a term that describes more than 100 different diseases. In cancer, abnormal cells multiply without control. Cancer cells also live longer and grow faster than normal cells. The lower part of your uterus (womb) is called the cervix. It opens into the vagina (birth canal). Cancer there is called cervical cancer.

- The uterus is located below your stomach.
- The cervix is located in the lower portion of the womb.
- The cervix opens into the vagina which leads to the outside of the body.



**Cervical cancer  
can be Prevented**

## What Can Cause Cervical Cancer?

The Human Papilloma virus (HPV) is the cause of nearly all cervical cancers. HPV is a common virus that is spread from person to person through sexual contact. See page 6 for more information on cervical cancer and HPV.

## Quick Facts about Cervical Cancer?

- Cervical cancer is the 2nd most common cancer in women under 45.
- American Indian women get cervical cancer twice as often as other women
- AI/AN women are more likely to be diagnosed with later stage cervical cancer.
- AI/AN women are more likely to die from cervical cancer than other women.

## There are Two Main Types of Cervical Cancer:

**Squamous cell carcinomas (SCC)** begin in the part of the cervix next to the vagina. About 80% of cervical cancers are SCCs.

**Adenocarcinomas (AC)** develop from the mucus-producing gland cells of the cervix. About 15% cervical cancers are ACs.

There are several other types of cervical cancer that are diagnosed infrequently.

# Protect Yourself from Cervical Cancer

**Pap Testing: Having regular Pap tests is one of the best ways to help protect against cervical cancer.**

## What Is a Pap Test?

A Pap test is a procedure done by a trained health care provider.

## What Happens During a Pap Test?

- The provider places a special tool (speculum [SPEK- yoo-lum]) into the vagina to push the walls of the vagina apart so that your cervix can be seen.
- The provider uses a small swab, spatula or brush to collect cells from the opening of the cervix.
- The cells are put on a glass slide or in a container with liquid and sent to a lab for processing.
- The lab sends a report to your provider.
- The report says if the cells are normal or abnormal. If the cells are abnormal, more tests may be needed.

## Abnormal Pap Test Results

If the lab finds cell abnormalities, the Pap test result is called a positive test result or abnormal. The Pap test is not always 100 percent accurate. If one Pap test misses cell changes, they can often be found on your next test. This is why it is very important that you have regular Pap tests if you get an abnormal result, you should go back to your health care provider.

## Pap Tests Save Women's Lives

- Pap tests look for abnormal cells (often caused by Human Papilloma virus {HPV}) in the lining of the cervix before the cells become cancer.
- All HPV types that affect the genital area can cause abnormal Pap tests. To determine if an abnormal Pap test is caused by HPV, your health care provider can order an HPV test.
- A woman should start getting regular Pap tests at age 21, and be screened every three years. If you have 3 or more normal results in a row, you may be screened every three years. If you receive an abnormal result, your health care provider may recommend more frequent screening.

## When Can I Quit Having Pap Tests?

You should talk with your provider about when it is okay to stop having Pap tests. If you are older than 65 and have had normal results for the last 10 years, you may be able to stop.



Native People's Wellness

# How Can I Prevent Cervical Cancer?

## What You Can Do

- **Get the HPV vaccine.** It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is given in a series of three shots. The vaccine is recommended for 11 and 12 year old girls. It is also recommended for girls and women aged 13 through 26 who did not get any or all of the shots when they were younger. (Note: The vaccine can be given to girls beginning at age 9.)
- **See your health care provider regularly** for screening.
- **Follow up with your health care provider**, if your Pap test results are abnormal.
- **Don't smoke.** Tobacco use increases your risk for cervical cancer.
- **Limit** your number of sexual partners.
- **Use condoms during sex.** While the knowledge on the effect of condoms in preventing HPV infection is limited, condom use has been associated with a lower rate of cervical cancer. However, HPV infection can still occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered.



*Sarah S. Allman,  
Oglala Sioux,  
diagnosed with cervical  
cancer in 1970.*

My recommendations for others? Go have check-ups. The only reason I went was because I had that bladder infection. [The provider] said "you better have your Pap test, it's been two years." So I did, and I'm thankful. Because I might have waited too long otherwise.

## Getting Ready for a Pap Test

Having an accurate Pap Test is important. To make your Pap Test more accurate, for two days before your Pap Test:

**DO NOT** have sex.

**DO NOT** use birth control foams, jellies or creams.

**DO NOT** use any medicines or creams in your vagina (birth canal) unless ordered by your health care provider.

**DO NOT** use a tampon. If you are on your moon (menstrual period), you will need to reschedule your exam.

**For more information on Pap testing and cervical cancer, visit:**

[http://www.cancer.gov/cancertopics/  
understandingcervicalchanges](http://www.cancer.gov/cancertopics/understandingcervicalchanges)  
and

[http://www.cdc.gov/cancer/cervical/pdf/  
cervical\\_facts.pdf](http://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf)





# HPV and Cervical Cancer

## What is the Human Papillomavirus (HPV)?

The human papillomavirus (HPV) is the main cause of cervical cancer. It is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer. Almost all cervical HPV infections clear up on their own, and most types do not cause cancer. However, if the HPV is a high-risk type and the infection does not go away, you are at risk of developing cervical changes.

**You are more likely to get HPV if:**

- you started having sex at an early age
- you or your partner have had sex with several others.

Most women do not know they have HPV because it often does not cause any symptoms. Certain types of HPV can cause warts on the skin outside of the genitals, but these types do not cause cervical cancer. The only way to know if you are infected with HPV that causes cervical cancer is by visiting your health care provider for screening.

## What is an HPV Test?

The HPV test looks for HPV infection. The test is often done with a Pap test to screen for cervical cancer, in women aged 30 years and older. It is

also used to provide more information when a Pap test has unclear results. Knowing if you have a high-risk type of HPV can help guide your evaluation and treatment choices. Talk with your health care provider about whether the HPV test is right for you.

## What if I Get a Positive HPV Test Result?

A positive test result means you have one or more types of HPV. It does not mean you will get cervical cancer. But, you may be at higher risk and should follow up with your health care provider.

## Can HPV be Treated?

HPV infection itself cannot be treated, but treatments that remove or destroy infected cells may prevent cancer. This is why regular pelvic exams and Pap tests are important, along with care for cervical changes.

## What About Partners?

If you or your partner has HPV, you will share it until your bodies' immune systems get rid of the infections. If you have sex only with each other, you will not pass the HPV virus back and forth. This is because when the HPV goes away, your immune system "remembers" that HPV type and keeps you from getting it again. But, you are protected from only that type of HPV; you are not protected from getting other types of HPV.

## What Raises a Woman's Chance of Getting Cervical Cancer?

- Smoking
- Having given birth to three or more children
- Using birth control pills for a long time (five or more years)
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems



# HPV Vaccines

## What is Human Papillomavirus (HPV) Vaccine?

The HPV vaccine protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is given in a series of three shots. The vaccine is recommended for 11 and 12 year old girls. It is also recommended for girls and women aged 13 through 26 who did not get any or all of the shots when they were younger. (Note: The vaccine can be given to girls as young as age 9.) The HPV vaccine is usually given in your child's arm.

The HPV vaccine is not 100% effective in preventing cervical cancer. The vaccine does NOT replace the need for regular cervical cancer screening.

## Cost of the HPV Vaccines

The 3 HPV shots can cost between \$400-\$600. There are several ways to help pay for the HPV vaccine. Vaccines for Children (VFC) may pay for this vaccine, if you are eligible. VFC covers children younger than 19 years of age and those eligible for Medicaid. American Indians and Alaska Natives without health insurance are also eligible for VFC. Indian Health Services, Tribal and Urban Indian Programs also may provide free HPV vaccines. Check with your local provider to ask about coverage for the cost of HPV shots.



## Three Things You Can Do to Make the Shots More Comfortable:

1. Ice the arm before and after getting the shot.
2. After the shot, gently massage the arm.
3. 30-minutes before the shot take an over-the-counter pain reliever with your provider's advice (such as: ibuprofen, acetaminophen, naproxen sodium).

**One Shot is not enough.  
YOU NEED 3 FOR HPV  
protection.**

To learn more about HPV and the HPV Vaccine visit: <http://www.cdc.gov/hpv/>

# Cervical Cancer Staging & Treatment

## Staging Cervical Cancer

Once cervical cancer is diagnosed, it will be “staged.” Staging determines the degree of disease.

### Why is staging important?

Staging helps you and your health care team make informed decisions about your treatment.

### How is staging done?

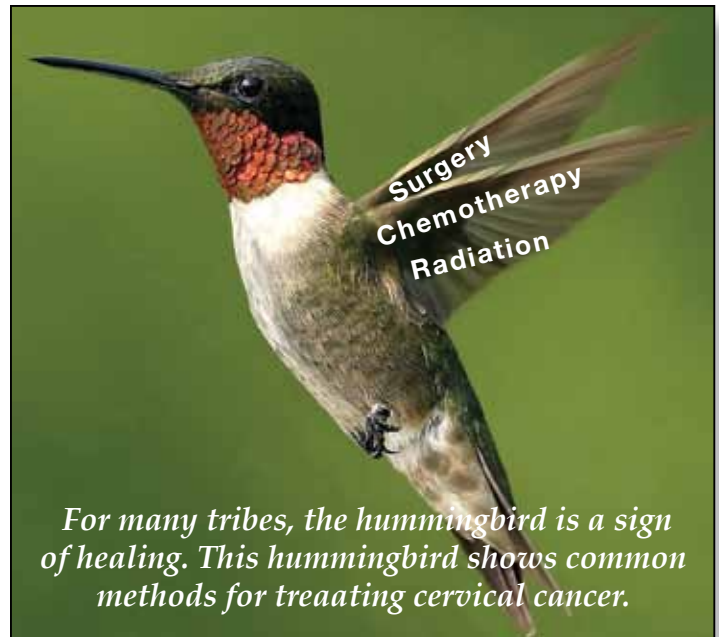
Common tests include exams, x-rays, and other scans (CT, MRI or PET scan). You may also have tests to look at parts of your body near your cervix.

### What are the stages?

Stage 0	Refers to the “pre-cancer” stage, this is a common form of cervical cancer.
Stage I	Cancer is in only the cervix.
Stage II	Cancer extends into the upper part of vagina and into tissues surrounding the cervix.
Stage III	Cancer has spread to the lower part of the vagina or to the pelvic wall. It may block the flow of urine from the kidneys.
Stage IV	Cancer has spread to nearby organs, such as the bladder, or to other distant parts of the body, such as the lungs.

## Treatment for Cervical Cancer

Cervical cancer treatment depends on the stage of disease and chance of spread or recurrence. Your personal choice for treatment is very important. Common forms of treatment are surgery, radiation and chemotherapy. More than one treatment is often used. When cervical cancer is diagnosed and treated early, you are likely to be cured and live a normal life span.



### Treatments Include:

#### Surgery

Improvements in surgery means smaller cuts, less infection and faster healing.

#### Radiation

Improved radiation aims the radiation right where it is needed to kill the tumor, sparing healthy tissue.

#### New Drugs

New chemotherapy drugs are available that kill only tumor cells.

#### More Clinical Trials

New clinical trials are finding even better ways to treat cervical cancer. Ask your health care provider about whether a clinical trial might be right for you.

To learn more about cervical cancer visit:

[http://www.cancer.org/Cancer/  
CervicalCancer/index](http://www.cancer.org/Cancer/CervicalCancer/index)

Information on clinical trials can be found at:

<http://clinicaltrials.gov/>



# My Triumph Over Cancer

## *Maxine Brings Him Back-Janis Tells Her Story*

Oglala Lakota, born and raised on the Pine Ridge reservation in South Dakota  
diagnosed with early stage cervical cancer in 1978; diagnosed with breast cancer in 2002

### My Story

"At the time [of my diagnosis] in 1978, I was young and I think sometimes ignorance is bliss. So, when I was diagnosed with cervical [cancer] in situ, I had the option to have a hysterectomy. I have two sons and wanted another child and I wondered what were the implications ... of this diagnosis. The health care provider said I could have a pregnancy and [the baby would] not be affected ... [by] the cancer diagnosis. So, I had a pregnancy. After I delivered a child in 1980... I had a hysterectomy. At the time I was young and I didn't really have the full scope of knowledge of the implications of cancer and the cancer diagnosis ... I didn't tell [anyone about the cancer] ... I didn't share with my family or with my children."



### Coping

"I was so involved with my children and they were my focus. As Lakota, we are a matriarchal society so I felt that I was in charge of this business of cancer diagnosis and treatment. It was my body. I didn't need [anyone's] permission or consent... [paraphrased]. I just wanted to be reassured that [my child] was going to be okay."

The essence of who I am is being spiritual. So I had to give [the cancer] up to the Creator and say this is in your hands. I have done that with my breast cancer. I've done that and I've let it go. In addition, I'm always reassured that I'm okay. The healing post hysterectomy was very much grounded by spirituality. For me true spirituality is something that is found deep within me, it has become my way of loving, accepting and relating to people around me. I believe healing comes from being engaged with positive people, they can become good medicine for use during healing. During my treatment for breast cancer in 2002 the practice of traditional medicine played a significant role in my management of healing."

### Clinical Trials

"Although in many tribal communities, we resist the notion of participating in clinical trials when we have been diagnosed with cancer, I think we do have to participate in clinical trials. As a Native person, I accept that the benefit of participating in a clinical trial is not directly for me. Remember, we are doing it for those who follow us. We look to seven Generations ahead and I think this the way we give back - protecting the seven Generations to come."

### What I Learned

- Native women are not alone in this journey of diagnosis and treatment.
- Keep yourself busy and go on with your life. Remaining hopeful is critical.
- I value Western Medical treatment, but I also value the immense role traditional medicine holds for tribal people.
- You need to be the voice that takes an active role in our health and our wellbeing.





# BCCEDP Prog

## *Native American Reha*

### **A Brief Introduction to NARA**

Native American Rehabilitation Association (NARA) celebrated their 40th anniversary in 2010. NARA offers a wide range of services targeted to Native Americans and Alaska Natives living in the Portland metropolitan area, including the nine tribal nations in Oregon. NARA has served over 251 different bands and nations to date.

### **The Women's Wellness Program**

The NARA Women's Wellness Program is funded directly from the Centers for Disease Control and Prevention (CDC) and like most Breast and Cervical Cancer Early Detection Programs (BCCEDP), NARA provides outreach, education and medical testing for women who meet the eligibility criteria. NARA is a

federally qualified health clinic. They serve women and men of all ages through a range of foundation, state and federal funding including the Indian Health Service (IHS). NARA is committed to addressing client issues from a holistic, family perspective.

Sponsoring events like the Women's Wellness Day, allows for setting a comfortable pace for health exams and education. Fun activities like arts and crafts makes the community feel at home while waiting for friends and family to complete cancer screenings and other procedures on event days. A taxi company provides transportation to and from Epic Imaging, the mammography center. NARA also gives each patient a gift before they leave in the tradition of gifting present among many nations.

### **Culturally Appropriate Care**

To increase awareness of what it means to be from a different tribe, NARA offers cultural competency training regularly to their staff. Two-thirds of NARA staff are Native. All staff benefit from learning more about Native American history and culture that may be new or different from their own. "This training brings us together," said Joan Bacchus, Director of the Women's Wellness Program..



# ram Highlight

## ilitation Association

### Phyllis Stewart: A NARA Success Story

In 2000, Native American Rehabilitation Association (NARA) held a Woman's Wellness Day. Phyllis Stewart, who had been working for NARA for about a year, heard about it and decided to go and find out what it was about. At the event she had a Pap test done and made an appointment for a mammogram. On the day of her mammogram she knew something was wrong when she saw the radiologist's face, but she was told to go home and that she would get her results later. The very next day she received a phone call telling her to go to the doctor immediately. She had no symptoms and couldn't feel the small lump in her breast, but Phyllis was diagnosed with stage 1 breast cancer. She wasn't surprised since many people in her family had already had cancer. Still it was hard to cope with the diagnosis. Going through surgery and radiation were also hard but now she is cancer free. Proud of her Cherokee/Osage heritage, she shows it in her art and compassion for NARA's urban Native American clients. "My traditions make me strong so I can be there for others," she pronounced.



### NARA and HPV

Susan Anderson, a health care provider at the NARA clinic, talks to parents and teens about HPV and the HPV vaccine. "When the vaccine first came out," she notes, "a lot of resources were available to promote the vaccine which would be helpful if they were still available today." NARA's medical chart system helps remind providers to discuss the HPV vaccine at the next patient visit by tagging the files of eligible patients. "Most patients are interested in the vaccine," she said. "Eventually most patients return for all three shots." Susan also explained that some parents have asked for the shots for their sons too, because they do not want them giving HPV to their girlfriends. "Everyone should be protected!"



### Patient Education and Navigation

In addition to active outreach activities, such as powwows and health fairs, continuing health education is necessary and vital. Often patients go to the doctor alone and don't ask any questions. They walk away without really knowing what is going to happen and what they need to do next. The community still has a lot of misconceptions about procedures. This is why case management and patient navigation are important components of NARA's services.



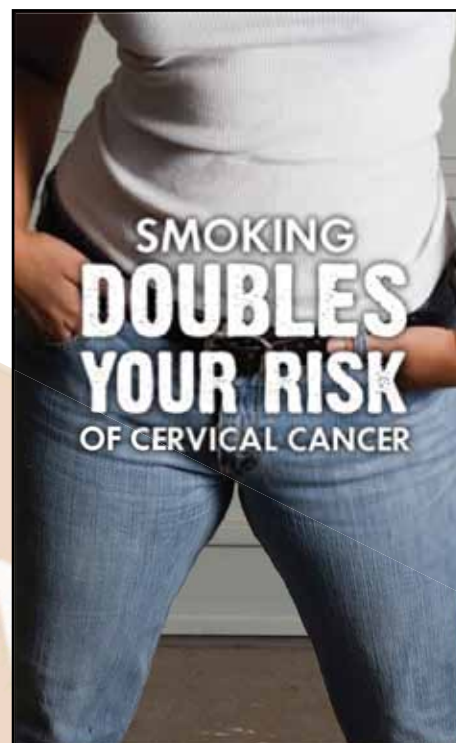
For more information about NARA, visit [http://www.naranorthwest.org/homepage\\_files/Page432.htm](http://www.naranorthwest.org/homepage_files/Page432.htm)



# Cancer Prevention Program Highlight

## Idaho Comprehensive Cancer Program

Idaho's cancer and tobacco programs are hitting cervical cancer and smoking at the same time. Project Filter, Women's Health Check, and the Comprehensive Cancer Control Program are collaborating to spread the word that "Smoking Doubles Your Risk of Cervical Cancer" at events all over the state and through the smoking QuitLine. "These cards are being used several ways. They are distributed at events like rodeos, fairs, races, pow wow's and other Native American events," explains Jamie Delavan, Idaho's Health Equity Program Specialist, "and through the QuitLine/QuitNet." All contractors for the breast and cervical cancer program (providing mammography and cervical cancer screening) are required to ask clients about their tobacco use. To drive home the message, women screened are provided with the QuitLine/QuitNet information or other resources if they smoke, and they are given the "Smoking Doubles Your Risk of Cervical Cancer" information cards.



In addition, when any woman calls the QuitLine, they are asked on their intake survey, "Do you know that smoking doubles your risk of cervical cancer (Yes, No, Refuse)?" and, "Have

you had a Pap test in the last 3 years (Yes, No, Refuse)?" All QuitLine callers, male and female, are sent the smoking cards with their initial packet of QuitLine materials. "They do not have a system in place to mail packets to female participants only, so the cards go to everyone, which we think is OK since most men will have a woman in their life who is important to them and that woman might be a smoker." Between the QuitLine and the various public events, these little informational cards are making their way across the state to combat smoking and cervical cancer.



### Thinking of Quitting?

1. **Set a Quit Date** and tell others your plan to quit
2. Anticipate and **plan for the challenges** you'll face while quitting
3. **Remove cigarettes** and other tobacco from your home, car, and work
4. **Talk to your healthcare provider** about getting help to quit

### Other Support

- Call 1-800-QUIT-NOW (1-800-784-8669) to get one-on-one help quitting, support and coping strategies, and referrals to resources and local cessation programs.
- Visit the National Cancer Institute's smokefree.gov Web site at <http://www.smokefree.gov>
- Contact NCI's Smoking Quitline at 1-877-44U-QUIT. For the Idaho QuitNet/QuitLine visit: <http://idaho.quitnet.com/>



# HPV Vaccination in Action

## *Mother and Daughter Talk about the HPV Vaccine*



**Gail Arellano:** “There is [a lot of different] cancer in our family so it was not hard to make the choice to get the HPV shot for my daughter. We first found out about it from a commercial. My oldest daughter was eligible...So I took her first. I’m trying to make sure that they have anything that would keep them safe. Definitely any kind of vaccine or shot that can help...keep them free of diseases. Kristi had a lot of questions about what it was for and she didn’t like the three shot thing...We talked about cancer that runs in the family and...where the cancer was. You can’t force anything on them...they know better. It’s a little bit easy on the mind that you have this vaccination so that you can’t catch cervical cancer.”

“My daughter’s fantastic...When we come across something like this, we can talk to each other and figure out whether it’s a good thing for her.”

She has not heard other parents talk about this. “It’s a little mind boggling as to why they are offering this and that they aren’t taking advantage of it. You would have to look at the full spectrum of what they are offering and what your daughter would get out of it. Say your daughter does get sick. It’s a hard burden to know that they had this and you could prevent it. The next thing would be to have [Kristi] talk to her friends to get the word out there more. I think that all parents should consider this shot for their daughters...make sure they stay safe.”

**Kristi Arellano** found out about the HPV vaccine by watching a TV commercial. She was glad that her mother was in the room when she saw it, as it might be embarrassing to bring up. It was good to talk about the vaccine with the same information. “Once we started talking about it, I was like, it would be good to get...to keep yourself safe.” She said that her mom is supportive of what she does. “[Mom] thought it was a good idea, and so did I, so I got the shot. It prevents a lot of serious disease.”

She didn’t do a lot of reading or research about it. The first time she went to a clinic, they did not know about it. Kristi explained it to the nurse and that it prevents cancer. The nurse agreed it was a good thing to do, and set up another appointment so her mom could also come in so Kristi could get the first shot. “When I got the shot it didn’t hurt at all [but] my arm was really sore [later]. The first one hurt the most. It wasn’t as bad as I thought it would be. It would be a good idea to get it because it helps... that you won’t get sick. “Nobody ever talks about it but it’s good to have. Everybody should get it to stay healthy. Talk to your parents [about it].”

**“You don’t have to talk about sex to get your kids to get the shots. Talk about not getting cancer.” — Gail Arellano**





# We Hold the Future

## *A Native American Community Responds to the HPV vaccine*

### Spread the word:

- Create eye-catching and culturally specific posters and brochures, with native languages like Lakota.
- Speak with parents and young adults at health fairs and other events. Educate them on the safety of the vaccine – the vaccine is safe and causes no side effects, however, mild injection pain may be experienced.
- Post messages and factsheets to Facebook and other social media.
- Reach out to the community leaders such as grandparents and elders.
- Conduct workshops for parents.

### Make the vaccine more available by:

- Train Community Health Representatives and health care providers about HPV, the HPV vaccine and its safety.
- Allow more time with patients to discuss HPV and the HPV vaccine.
- Work with schools to reach students, teachers and parents.
- Provide vaccines at schools and community centers.

In collaboration with the Northern Plains Area Tribal Chairmen's Health Board, Delf Schmidt-Grimminger works to decrease the rates of cervical cancer in Native American communities. As a health care provider who works with these communities, he knows the importance of involving them in all aspects of research. In a recent project funded by the American Cancer Society, he worked with a Community Advisory Board to learn why some people do not get the HPV vaccine.



To find out more, four discussion groups were held. The groups included parents, girls aged 14-18 years, other young adults, and tribal and IHS health care providers. The groups shared suggestions on how to spread the good news about this vaccine that prevents against cervical cancer.

### What was learned:

- **Parents** wanted more information, particularly about side effects.
- **Young adults** had a lot of misperceptions about HPV. They also spoke about the stigma of HPV as a sexually transmitted disease.
- **Tribal Health Providers** requested more information about HPV, the vaccine and its side effects.
- **IHS providers** thought they needed more time with patients and that more health care providers were needed to administer the vaccine.







## BCCEDP Program Highlight Cheyenne River Reservation

First funded by the CDC in 1994, the Cheyenne River Breast and Cervical Cancer Early Detection Program (CR-BCCEDP), also known as “Winyan Wicozani” ~ Healthy Women, is a leader in reaching Native American women who are rarely or never screened for cancer. From 2005 -2010, their program linked 809 women with mammograms and 1,249 with pap tests yearly. Of those screened, 134 had an abnormal pap test and 202 had an abnormal mammogram.

Arlene St. John-Black Bird, Program Director/RN Case Manager, describes their successes and challenges...

### Successes:

- Sharing and developing model programs
- Having a full-time outreach and education staff person that speaks Lakota fluently, hired with funding from the American Cancer Society (ACS)
- Doing research, with CDC and the University of Washington, showing that our rarely to never screened women are more likely to participate in screenings when approached in traditional culturally sensitive ways and when screening process is explained to them in our own language
- Case management, patient navigation and community education programs offered to all the women screened through our program (including non-Native Americans residing in the two county areas of the Cheyenne River reservation). Patient screening navigation use is a best practice

### Challenges:

- Being in a very rural, remote and isolated area
- People do not know about screening guidelines, the benefits of cancer prevention and early detection
- Few know about the progress in cancer treatment that has increased survivorship
- Very few health screening and preventative programs on the reservations to address these issues.

Cheyenne River also participates in the ACS “Circle of Life” cancer education curricula for community workshops (available on the ACS website (<http://www.cancer.org>) for all tribes.)

*“We are working hard to create partnerships to implement lessons learned. All of our Native communities’ health is at stake. We have known for years what the barriers and access to care issues are. The time has come to put into practice what we know will work. We must work together in partnership to act on what we already know...build model programs to share and implement what we can, instead of waiting for million dollar projects, while the cancer rates continue to increase.” — Arlene St. John-Black Bird*



**Learn more at: [http://www.cdc.gov/cancer/nbccedp/data/summaries/cheyenne\\_river\\_sioux.htm](http://www.cdc.gov/cancer/nbccedp/data/summaries/cheyenne_river_sioux.htm)**

Located in north central South Dakota, this proud reservation has a wonderful website where you can hear running water and singing—just click on the intro at <http://www.sioux.org/>.



# Regional Conferences Build Collaborations for



Regional conferences were held in Portland, OR (the Northwest Region) and Omaha, NE (the Northern Plains Region) as part of Native American Cancer Research Corporation's (NACR) ongoing CDC cooperative agreement, "Collaborative Partnerships in Cancer Prevention and Control Programs for American Indians." The purpose of the conferences is to strengthen American Indian/Alaska Native (AI/AN) inclusion in comprehensive cancer control efforts and to improve access to cancer screenings and services. Each year, collaborative partnerships are made with AI/AN organizations and communities and with local public health programs. These partnerships plan and implement regional conferences to identify both unique and common issues.

A key feature of the conference is participants working in groups creating action plans for priority issues. "The action plans lay the basis for continuing work beyond the conference and many participants are really excited about working with others outside their state," according to Brenda Seals, Bailey, CO.



# Cancer Control in the Northwest & Northern Plains



During the conference, information is presented on cancer data, successful programs and state and local issues. "I think that the networking was really important for conference participants," said Lisa Harjo of NACR. "Programs in isolated areas do not have information on what is going on in other areas. I'm still getting emails asking for conference information and how to contact other participants and programs."

"My favorite part was the Zumba class that we had in Omaha led by Anne Marie Collingwood," said Brenda Seals. "Anne Marie was so enthusiastic that everyone was laughing while exercising and having fun. Some participants came early and stayed late just to do more Zumba." Many reservations have adopted Zumba as a great way to get community members involved in physical activity.

"Dr. Don Warne was my favorite speaker," continued Lisa, "I really learned a lot about health care reform and what applied and did not apply to Indian country." See the video of his talk on the NACR CDC conference website below.

To find out more about regional conferences in your area visit \_  
<http://www.natamcancer.org/regional.html>





# Tribal and Urban Native Breast and Cervical Program Contacts 2012

## Poarch Band of Creek Indians Women's Wellness Program

5811 Jack Springs Road  
Atmore, AL 36502  
Phone: 251-368-8630

**Summary of services:** The program provides a "One- Stop Shopping" concept of women's health at the tribal health department. Clinical examinations are done by tribal providers. Mammogram screenings are provided by a visiting mobile unit. Referral for diagnosis and/or treatment is done through contracted specialists. Small interactive groups offer health education with each clinic visit.

\* \* \* \* \*

## Southcentral Foundation (SCF) Breast and Cervical Health Program

4105 Tudor Center Dr. #200  
Anchorage, AK 99508  
Phone: 907-729-8891  
[www.southcentralfoundation.com](http://www.southcentralfoundation.com)



**Summary of services:** The program provides screening services (mammograms, clinical breast exams, pap smears) to Native women in Alaska ages 40-64. It offers ongoing one-on-one and group client education, focusing on breast and cervical cancer awareness, risk factors, and the benefits of early screening. It also provides tracking, follow-up and case management services, public education and outreach services, and professional development opportunities. We work closely as part of the Alaska Breast and Cervical Health Partnership with the four other NBCCEDP programs funded in the State of Alaska to provide seamless delivery of services to Alaskan women.

\* \* \* \* \*

## Arctic Slope Native Association Screening For Life, Breast & Cervical Cancer Screening Program

Wellness Center  
P.O. Box 29;  
Barrow, AK 99723  
Phone: 907-852-5881  
[www.arcticslope.org](http://www.arcticslope.org)



**Summary of services:** Breast and cervical cancer screening is offered in Barrow and five surrounding villages. Air transportation is provided from these rural villages for mammography clinics in Barrow, which are held four to five times a year. A mid-level provider goes to each village two times a year to provide annual exams, including pap smears. Follow-up care and re-screening is done as needed in Barrow or in the Native villages. Colposcopy and diagnostic services are also provided in Barrow.

## Yukon-Kuskokwim Health Corporation Women's Health Program

P.O. Box 287,  
Bethel, AK 99559  
Phone: 907-543-6696; 907-543-6296  
[www.ykhc.org](http://www.ykhc.org)



**Summary of Services:** Our program offers breast and cervical health screening services for 50 villages throughout the Yukon-Kuskokwim Delta in Southwest Alaska. Our service area spans 20 million acres and is approximately the size of the state of Oregon.

\* \* \* \* \*

## SouthEast Alaska Regional Health Consortium Breast and Cervical Health Program

222 Tongass Drive  
Sitka, AK 99835  
Phone: 907-966-8782 /  
Toll free: 1-888-388-8782  
[www.searhc.org/womenshealth](http://www.searhc.org/womenshealth)



**Summary of services:** Our goal is to increase the education, outreach and breast and cervical cancer screening of Alaska Native women and uninsured/under insured non-Native women living in Southeast Alaska communities, and to find cancer at its earliest and most treatable stage. We have eight screening sites that have either on-site mammography or that receive visits from the mobile mammography unit as well as cervical screening services.

\* \* \* \* \*

## Hopi Tribal Complex Hopi Women's Health Program

P.O. Box 123 Kykotsmovi, AZ 86039  
Phone: 928-734-1150  
[www.hopi-nsn.gov](http://www.hopi-nsn.gov)



**Summary of services:** Breast and cervical cancer screening services are offered to Native women living on and near the Hopi Indian Reservation at the Hopi Health Care Center and Tuba City Indian Medical Center. The program contracts with Mobile On-site Mammography stationed out of Tempe, Arizona for mammography services, which is offered every other month. Transportation is provided to those who qualify through the program. Other services include one-on-one patient education, community education, recruitment, and support services.

\* \* \* \* \*



# Tribal and Urban Native Breast and Cervical Program Contacts 2012

## Navajo Nation Breast and Cervical Cancer Prevention Program



P.O. Box 1390  
Window Rock, AZ 86515  
Phone: 928-871-6249; 928-871-6923  
[www.ihs.gov/medicalprograms](http://www.ihs.gov/medicalprograms)

**Summary of services:** The Navajo Nation Breast and Cervical Cancer Prevention Program provides mammography screening services to older, low income women who are either uninsured or under-insured. Screening women 50-64 for mammogram and 40-64 for cervical cancer and high-risk women per Provider's approval. The NNBCCPP is also responsible for providing case management for abnormal findings. Other services provided are One-on-One Patient Education/Teaching, Referrals for Mammogram Screening, Contract Health Safe Ride Services, Community Outreach Education, and Community Health Fairs.

\* \* \* \* \*

## Kaw Nation Women's Health Program



3151 E. River Road  
Newkirk, OK 74647-0474  
Phone: 580-362-1039 x 207  
[http://kawnation.com/?page\\_id=2278](http://kawnation.com/?page_id=2278)

**Summary of services:** Services are provided to women at five clinics, seven tribes, in a seven county area in North Central Oklahoma. Our staff attends health fairs and other special events in the area to outreach to women that are eligible for the program.

\* \* \* \* \*

## Cherokee Nation Health Services Cherokee Nation BCCEDP



1200 W. 4th Street, Suite C  
Tahlequah, OK 74465  
Phone: 918-458-4491  
[www.cherokee.org](http://www.cherokee.org)

**Summary of services:** Appointments are offered for clinical breast exams, mammograms, pap tests and one-on-one patient education on breast and cervical cancer and breast self-examination techniques. The program provides breast and cervical cancer screening for uninsured, income-eligible Indian women at ten screening sites throughout and around the 14-county Cherokee Nation Tribal Jurisdictional Service Area in Northeastern Oklahoma.

\* \* \* \* \*

## NARA Indian Health Clinic Women's Wellness Program



15 N. Morris  
Portland, OR 97227  
Phone: 503-230-9875  
[www.naranorthwest.org](http://www.naranorthwest.org)

**Summary of services:** We provide breast and cervical cancer screenings to Native women, residing in and around Portland, OR, who are under-served, uninsured, under-insured, never screened, rarely screened, and at-risk. Native women are treated with respect and cultural sensitivity. Our program is committed to honoring and respecting our families, communities, and Mother Earth. We advocate early detection, prevention, and yearly screenings; honoring diversity, and celebrating life.

\* \* \* \* \*

## Cheyenne River Sioux Tribe BCCEDP Winyan Wicozani – Healthy Women

24276 - 166th St. - Airport Road - Box 3012  
Eagle Butte, SD 57625-0590  
Phone: 605-964-0556  
[www.sioux.org](http://www.sioux.org)



**Summary of services:** Breast & Cervical cancer screening services are offered to eligible women ages 18 to 64 residing in Dewey and Ziebach counties. Transportation assistance is available if needed to high risk women ages 30 to 39. Our program is committed to eradicating breast cancer. We advocate early detection, prevention through yearly screenings and offer a variety of educational services to our clients and communities.

\* \* \* \* \*

## The Native Women's Wellness Program

### South Puget Intertribal Planning Agency (SPIPA)

3104 Old Olympic Highway  
Shelton, WA 98584  
Phone: 360-426-3990 x 3221  
[www.spipa.org](http://www.spipa.org)



**Summary of services:** The program works to reduce breast and cervical cancer mortality among Native American women of the Chehalis, Nisqually, Shoalwater Bay, Skokomish, Quinault and Squaxin Island Tribes through culturally appropriate outreach, education, screening, and diagnostic services. The program provides no-cost mammograms, clinical breast examinations, pelvic exams, and Pap tests to low-income Native American women living in the six tribal communities. The program also offers a variety of educational activities as part of our effort to promote early detection and treatment of breast and cervical cancers.

# Craft Activity: Painted Feathers

*From: Peg Fennimore – 6th generation Eastern Band Cherokee (Tsalagi)*

Hand painting feathers is thought to be an ancient art form to honor the belief among many Native Americans that the feather is a symbol of communication between the people and the Creator. But, since feathers do not last, little evidence remains of this art form. However, it has been documented back to the early 1800's.

## Materials Needed:

**Feathers** – You can obtain turkey, peacock or other feathers at your local craft store. Feathers that are from protected species are not legal for general public use. Some tribes have special permissions to use these feathers.

**Paint** – Look for colors you like in acrylic paint. Acrylic paints can wash off so you should spray the feather with a clear mat acrylic spray before and after painting to preserve your work.

**Brush** – You will need a very small brush for this project.

1. Start by painting a shape in white acrylic paint to fill in the grooves of the feather with 4 or 5 layers. For an easy design, you can dip a rubber stamp into acrylic paint, and then lightly press the stamp onto the feather. Practice with paper first!
2. Painting down the quill (quill painting) takes a steady hand and many layers of paint. Apply detail to the shape followed by color. Simple shapes have 10 layers of paint with different colors. Full animals usually have around 40 layers
3. To hang the feather, you can wrap the top of the quill in cotton thread with a loop at the top. If you use red thread, this represents "The Red Road." To make the feather fancier you can add a small amount of fur beneath the red thread or attach the feather to a dream catcher. To secure it you can use craft glue that dries in a couple of hours.

Cancer support groups enjoy decorating feathers for family, friends and as donations to benefit cancer survivors.

**"When you are creating something,  
is when you are the closest to God." — Anonymous**

Animal spirits are the inspiration for Peg's unique artwork. More of her work can be found at: [www.pegsfeathers.com](http://www.pegsfeathers.com)





## Prevention Program:



## ON THE MOVE



In 2002, random community surveys from tribal members of the **Fond du Lac Indian Reservation** in Northeastern Minnesota indicated little to no exercise, and showed even less knowledge about nutrition. Bonnie LaFromboise, Fond du Lac Public Health Nurse, with assistance from Nate Sandman, Lead Health Educator, determined it was essential to increase activity levels and consumption of healthy foods for tribal communities thus, "On the Move!" (OTM) was born. In 2003 OTM began with 280 participants and grew to 430 and hosted over 100 presentations on exercise, health and nutrition by 2004.

Today, there are 986 active members! New and exciting exercise classes like the Zumba dance classes, keep the participants coming back for more! While other classes like yoga and water aerobics continue to be the favorites. Tribal members sign in at one of the three community center sites; and are encouraged to exercise for 20 minutes which earns them points to be exchanged for t-shirts, exercise mats, gym bags, towels and other incentive items once a month.

"We must continue to change the environments that increase food intake and make it hard for people to be active. By doing this, we're investing in our children and grandchildren." — Bonnie LaFromboise

For more information about On the Move!, visit <http://www.fdlrez.com/HumanServices/Medical/diabetes/calendar.htm>.

---

## Tanka-me-a-lo (Buffalo Stew)

**Submitted by:** Brenda F. Seals

**Tribal Affiliation:** Eastern Band Cherokee

**Origin of Recipe:** Mary Wright, Grand-Mother

**Recipe Region:** Southern

**Estimated Time to Prepare and Cook:** 60 minutes

### Ingredients:

- 1 pound buffalo stew meat, cubed
- 1 TBSP canola oil
- 2 large carrots, diced
- 3-4 medium sized potatoes  
(white, red or Yukon yellow—or one of each)
- 2 stalks celery, diced
- ½ cup green peas (can be frozen)
- ½ sliced onion
- 1 medium tomato
- 2 quarts water
- 1 16-oz can organic stewed, diced tomatoes
- 1 bay leaf
- ¼ tsp. garlic salt
- 1 cube bouillon (optional)

### Directions:

Warm up the canola oil and brown the stew meat on medium high in a sauce pan. If you are substituting ground buffalo meat, make sure to check the fat percentage to see if it is lean or around 7% fat content.

Heat the water to boil in a 4 quart pan and add stewed tomatoes, garlic salt and bouillon. Wash and cut the vegetables. Add vegetables in the following order: potatoes, carrots, celery, tomato, onion and peas. Add the browned meat. Continue at a low boil until all vegetables are tender. Turn the heat to low, cover and simmer for 15 minutes more. Serve warm with corn or fry bread.

You can substitute deer, elk or rabbit. If you do, marinate the meat to decrease the "game" taste. A nice marinade is 2 TBSP oil, 2 TBSP vinegar with some spices a touch of garlic powder, onion powder, sea salt and pepper. Some people use dry red wine and Worcestershire sauce instead. Cover the meat completely with the marinade, and refrigerate overnight before using.



# See the Movie: *HPV is Not a Tradition*

What people are saying about it:

"A great way to learn about HPV"

"Made by teenagers, it makes the importance of HPV a reality"

"Fantastic Native American Soundtrack!"



**H.P.V. is Not a Tradition:**

Protect the Circle,  
Get the H.P.V. Vaccine



"Watch it and see what you think. The health of our Nations depends on the sharing of wisdom"

"Parents, review it first, then watch it with your kids"

## *Protect the Circle: Get the HPV Vaccine*



Watch the video at:

<http://www.nativeamericanprogrms.org/index-circle.html>