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

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

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

It is my honor to bring you the Fall 2015 issue of the CTEC newsletter, which highlights AIAN cancer screening rates and prevention. CTEC focused the newsletter on this topic at the request of California tribal leaders who are concerned that AIANs living in California share an increased risk for developing and dying of cancer. According to the Centers for Disease Control and Prevention (CDC), nearly 20% of deaths among AIANs are associated with cancer, making cancer and complications from cancer a leading cause of death for the AIAN population.

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

Wishing you all the best,

Maureen Wimsatt
Director, California Tribal Epidemiology Center
CTEC Memberhips

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

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

CTEC PROJECT UPDATES

Robert Wood Johnson Foundation Emergency Management Project

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

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

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

Record Linkage Project

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

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

AIAN Community Health Profile

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

Please note: The text within the UML block is not relevant to the content of the main document and has been excluded from the natural text representation.
The tiny, delicious fruits known as berries contain numerous health-promoting compounds that provide a plethora of health benefits. These naturally occurring substances protect against a host of health concerns, including aging, cancer, heart disease, diabetes, and hypertension.

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

Berries also contain many beneficial micronutrients including vitamin C and vitamin E, calcium and folic acid. In addition, berries are an excellent source of dietary fiber, which has been linked to lowered cholesterol levels and reduced risk of colon cancer, and has been shown to help regulate post-prandial glucose levels. Berries may prevent and lower cholesterol levels and reduced risk of colon cancer, and has been shown to help regulate post-prandial glucose levels. Berries may prevent and lowering cholesterol levels and reduced risk of colon cancer, and has been shown to help regulate post-prandial glucose levels. Berries may prevent and lowering cholesterol levels and reduced risk of colon cancer, and has been shown to help regulate post-prandial glucose levels. Berries may prevent and lowering cholesterol levels and reduced risk of colon cancer, and has been shown to help regulate post-prandial glucose levels. 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Breast cancer is the second most common kind of cancer in women (after skin cancer). The good news is that many women can survive breast cancer if it is found and treated early. National Breast Cancer Awareness Month (October) is a chance to raise awareness about the importance of early detection of breast cancer.

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

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

What Are the Symptoms of Breast Cancer?
People may experience different warning signs for breast cancer. Some of the most common are:
- Changes in size or shape of the breast. Ask your doctor about when you should have a mammogram.
- Changes in your breast cancer related genes (determined by a genetic test)
- Getting radiation therapy to the breast or chest area
- Being overweight, especially after menopause

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

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

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

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

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

Sources:

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

Other Risk Factors
- Getting older
- A personal history of breast cancer, dense breasts, or other breast problems
- A family history of breast cancer (parent, sibling, or child)
- Changes in your breast related to menopause
- Changes in size or shape of the breast or any changes in the underarm area
- Changes in the breast, breast skin, and underarm skin
- Differences in color, thickness, or size

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

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

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

Improving Breast Cancer Screening Rates in Northern California

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

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

In July 2011, NVIH decided that a new approach was needed. With the support of NVIH Executive Director, Inder Wadhwa, NVIH partnered with North State Imaging (NSI) in Chico, California to host a Native Women’s Mammogram Day. NSI blocked an entire afternoon schedule for NVIH clients to have mammogram screenings (50 appointment slots) and offered the use of their staff conference room to hold “the event”. Activities included a healthy lunch, beading, and presentations on the importance of early cancer detection. Invitations went out to all Native clients age 40+. The event was an afternoon for women to socialize and get mammograms completed. Every-five women attended; some needing their mammogram completed, and some that were current on mammograms. This mix of the group allowed peers in the community to discuss fears about mammograms and answer other questions. At this event, providers also gave Clinical Breast Exams so women would be eligible for mammograms through Every Woman Counts. For those that were in need of a mammogram, one was completed. The event was a success. Twenty-five women received a mammogram screening.

Since the first event, five more Mammogram Days have been held. Each event resulted in 35-50 women receiving a mammogram screening. Community Empower-ment grant funding from the American Cancer Society provided support for three Mammogram Days, a Women’s Wellness Conference, a women’s health-focused digital storytelling workshop and a Think Pink Day Gathering. Thanks to these efforts, NVIH saw their mammography screening rate rise from 42% in 2011 to 65% in 2013. Northern Valley Indian Health has shared their approach with other clinics in California. One clinic, replicated components of this program with similar results.

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

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