



MONTANA AMERICAN INDIAN
WOMEN'S HEALTH COALITION PLAN
2016-2021







WELCOME

Welcome to the Montana American Indian Women's Health Coalition (MAIWHC) 2016-2021 5-Year Plan. This plan will move MAIWHC into a healthier future for all Montana American Indians and increase healthcare access for all.

American Indians are the largest minority in the state of Montana, and they also carry the largest burden of health disparities. Cancer is one of the leading causes of death among Montana American Indians, and MAIWHC is working to change that because cancer does not have to be a death sentence. MAIWHC is a unique group of women that educates our communities about cancer and its prevention, early detection, treatment/research, and survivorship to reduce cancer disparities in our state. Two important aspects of a healthier lifestyle which help in cancer prevention are health education and physical activity. Women are the backbone of American Indian families; we will continue to work to change the state of cancer in Montana.



SHAWNA COOPER
President

MAIWHC



Welcome! As a MAIWHC member and officer, I am excited for the future, and I look forward to all of the changes and advancements we hope to accomplish for Montana's American Indian women.

As an American Indian woman who grew up on the reservation, I saw firsthand how the health system failed to reach the women who needed it the most, and I saw what happened as a result. I was raised on a ranch and came from a long line of hardworking women who did not always take time for their own health care issues. Because of this, I am determined to make health care easier and more accessible for future generations. I still live on the reservation with my husband and two children. I have also worked in the health care field for over ten years, with five of those years as the Lead Radiology Technician for the Confederated Salish and Kootenai Tribal Health. Women's health is my main passion, and I have a special interest in breast cancer.



KATIE R. LAKE
Vice President
 MAIWHC



Hello Montanans. Cancer has touched many of our lives directly or indirectly, especially in Indian Country. Cancer does not discriminate based on tribe, reservation, income, education, or social status. When a person is diagnosed with cancer, it not only affects the individual, but family, friends, tribe, and communities that love and care for him or her. The treatment journey for patients and their loved ones can be a scary and stressful experience due to unknown procedures, costs incurred, and thoughts of feeling alone.

Although people may feel alone at times on this journey, they are not. MAIWHC is here to help navigate people through the health system in Montana and link people to resources that can help with prevention, screening, early detection, treatment, research, quality of life, and survivorship to reduce cancer rates, disease, and death. MAIWHC is a group of committed people who have come together to share their knowledge and expertise to improve health care in Montana's Indian Country. Many of our members either work or volunteer in health care on a daily basis.

MAIWHC has created this 5-year, statewide cancer control plan to guide activities across Montana to reduce the overall burden of cancer. Our goal for this plan is to bring awareness regarding our efforts to prevent and control cancer in Montana's Indian Country as well as to provide ways for more people to become involved in our work. By working together, we can improve the health of American Indians in Montana.



SAVANNAH SINQUAH
Secretary
MAIWHC

MAIWHC HISTORY

The Montana Cancer Control Programs (MCCP) established the American Indian Screening Initiative (AIS) in 2000 to increase the cancer screening of American Indian women. As part of the AIS, 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 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 meets twice a year, and it was

originally convened to address breast and cervical cancer screening in American Indian women. MAIWHC now addresses the cancer continuum, and members are involved with the Montana Cancer Coalition and the Montana Comprehensive Cancer Control Plan implementation. Cross-culture meetings and trainings have taken place to build trust and establish a productive working environment that is culturally competent and appropriate.

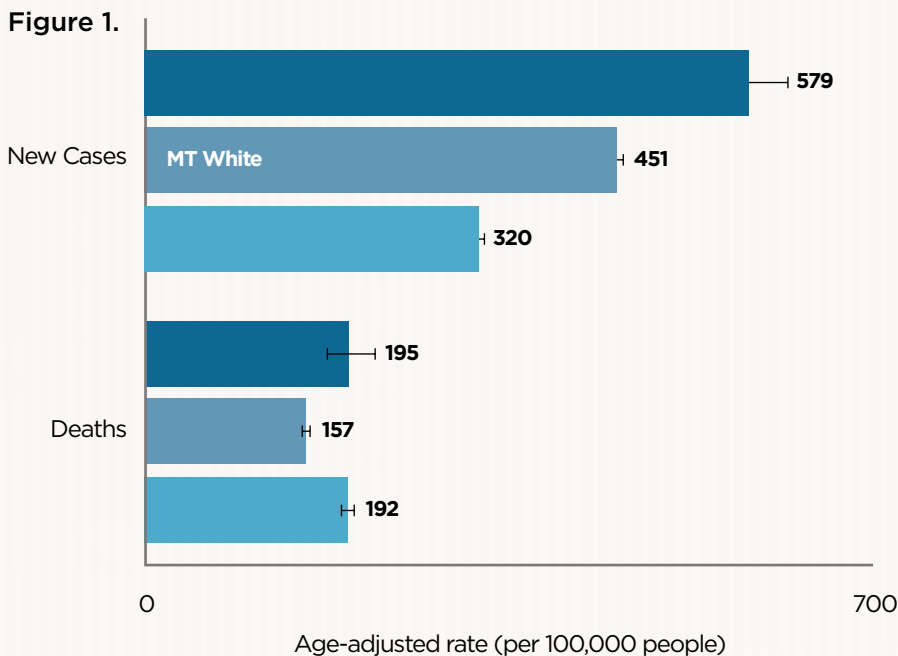
MAIWHC reaches its target audience of American Indian men and women through educational events, digital storytelling and small media reflective of Montana's tribal cultures. The MCCP regional contractors partner with MAIWHC members and events to reduce duplication of efforts to reach the American Indian 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.



MONTANA AMERICAN INDIAN WOMEN'S HEALTH COALITION PLAN 2016-2021

New Cases (incidence)			Deaths (mortality)		
Rank	Site	Percent	Rank	Site	Percent
1	Lung	17.5%	1	Lung	27.3%
2	Female Breast	13.3%	2	Colorectal	11.0%
3	Colorectal	11.9%	3	Liver	6.8%
4	Prostate	10.7%	4	Female Breast	6.3%
5	Kidney	6.0%	5	Kidney	4.0%
6	Thyroid	3.6%	6	Prostate	3.5%
7	Non-Hodgkin Lymphoma	3.0%	7	Pancreas	3.3%
8	Uterus	3.0%	7	Ovary	3.3%
9	Liver	2.4%	9	Non-Hodgkin Lymphoma	2.3%
10	Leukemias	2.4%	9	Leukemias	2.3%
			9	Brain & other CNS	2.3%
	All New Cancers	100.0%		All Cancer-Related Deaths	100.0%

DATA SOURCE: Montana Central Tumor Registry, 2009-2013; Montana Death Records, 2009-2013



DATA SOURCE: Montana Central Tumor Registry, 2009-2013; Montana Death Records, 2009-2013; SEER 18 Registries, 2008-2012

HOW TO GET INVOLVED

The MAIWHC Plan is a living document representing Montana American Indians' determination to change the state of cancer. MAIWHC works closely with the Montana Cancer Coalition (MTCC), and this plan supports the Comprehensive

Table. Rank and percent of the 10 most common new cancer diagnoses (incidence) and cancer-related deaths (mortality) among Montana American Indians over the 5-year period 2009 through 2013.

Figure 1. Age-adjusted rate of new cancer cases and cancer-related deaths among Montana American Indians, Montana Whites and U.S. American Indians/Alaska Natives, 2009-2013.



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, survivorship, and end-of-life. Furthermore, the MAIWHC Plan specifically addresses outreach to American Indians living on and off reservations. The following are ways to get involved in cancer control activities that support MAIWHC and the CCC Plan:

IF YOU ARE AN AMERICAN INDIAN:

- Avoid commercial tobacco use.
- Engage in at least 30 minutes of physical activity daily.
- Choose nutritious foods to achieve and maintain a healthy weight.
- Get recommended cancer screenings and encourage family members and friends to do the same.
- Become an active member of MAIWHC and the MTCC.
- Participate and volunteer in cancer control activities in your community.

- Get recommended vaccinations such as Hepatitis, Human Papilloma Virus, etc.

IF YOU ARE A CANCER SURVIVOR:

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

IF YOU ARE AN EDUCATOR:

- Promote healthy lifestyle behaviors to students, families, and staff.
- Provide information on the return-to-school transition process for childhood cancer survivors,

- families, and school staff.
- Encourage staff to get recommended cancer screenings.
 - Provide healthy food options to students and staff.
 - Organize student advocacy groups to support cancer control activities.
 - Learn how to work with kids and families when cancer touches their lives.
 - Encourage cancer-preventing vaccines such as Human Papilloma Virus and Hepatitis B.

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.³
- Recommend evidence-based cancer screenings to every eligible patient at every opportunity.
- Provide cancer patients with a comprehensive survivorship care plan.
- Pursue continued 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 evidence-based vaccines to appropriate populations.

IF YOU ARE AN EMPLOYER:

- Provide access to commercial tobacco-use cessation programs for employees.
- 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 full 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.
- Keep worksites free of commercial tobacco.

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 that improve access to healthcare.

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.



BLACKFEET

Traditional Tribal

Name: “Niitsitapi”

(nee-itsee-TAH-peh) meaning “the real people.”

Total number of enrolled Tribal members: 17,321

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).



CROW

Traditional Tribal

Name: “Apsaalooke,” which means “children of the large-beaked bird.”

Total number of enrolled Tribal members: 13,876

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), Crow Fair (August), Valley of Chiefs 4th of July Powwow (July), and Arrow Creek Labor Day Powwow (September).

HOW THE MONTANA AMERICAN INDIAN WOMEN’S HEALTH COALITION PLAN WAS DEVELOPED AND UPDATED

Members of MAIWHC met with the MTCC in 2015 to review progress on objectives and strategies in the Montana Comprehensive Cancer (CCC) Plan 2011-2016, and began work on the development of an updated five-year CCC Plan. MAIWHC wanted to make a complimentary companion document to the CCC plan that addressed more American Indian needs. The same overarching objectives and goals are utilized by MAIWHC as in the CCC Plan. Strategies were then developed to address these overarching objectives geared to the American Indian population to address cancer-related health disparities within the American Indian community.

INTEGRATION ACROSS CHRONIC DISEASE PROGRAM AREAS

Many of the leading causes of chronic disease in the United States share common risk factors, such as obesity and commercial tobacco use and exposure.

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.

POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

The MAIWHC and CCC Plans include strategies and interventions intended to encourage public health efforts in Montana to move toward a policy, systems, and environmental change approach that will provide a foundation for population-wide change. Long-lasting and sustainable change to tobacco use, physical activity, and nutrition requires systems change driven by new and improved policies.

Policy, systems and environmental changes make it easier for individuals to adopt healthier choices and get the treatment, survivorship, and end-of-life care they need, provided in an accessible way.

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.



**FLATHEAD
RESERVATION
Confederated Salish
and Kootenai Tribes
Traditional Tribal**

Names: “Seliš” 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).

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.

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. There is growing recognition that the built environment — the physical structures and infrastructure of communities — plays a significant role in shaping health. The designated use, layout, and design of a community’s physical structures, including its housing, businesses, transportation systems,

and recreational resources, affect patterns of living (behaviors) that, in turn, influence health.

EVALUATION

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 proved 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.



FORT BELKNAP RESERVATION

Gros Ventre and Assiniboiné Tribes

Traditional Tribal

Name: Gros Ventre refer to themselves as “A’aninin” meaning “People of the White Clay.” The Assiniboiné refer to themselves as the “Nakoda” meaning “the generous ones.”

Total number of enrolled Tribal members: 7,303

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).

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 in 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.

RURAL MONTANA

Montana, a rural, frontier state, is the fourth largest state in total square miles (145,545 square miles). The National Center for Frontier Communities ranks Montana as the 3rd most frontier state in the nation. Of the 56 counties in the state, 45 are considered frontier based on population density.

There are seven federally recognized Tribal Reservations and five Urban Indian Centers located in Montana. Approximately 65,000 American Indians live in Montana with roughly 70% of them 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.

CANCER AMONG AMERICAN INDIANS IN MONTANA

Cancer presents a significant burden to American Indians throughout Montana. From 2009-2013, cancer was the second leading cause of death among Montana American

Indians. On average, there are 262 newly diagnosed cancers and 80 cancer deaths each year among Montana American Indians.

Overall, new cancer cases occur at a statistically significant greater rate among Montana American Indians compared to Montana Whites and U.S. American Indians/ Alaska Natives. The overall cancer-related death rate was significantly greater among Montana American Indians compared to Montana Whites but statistically the same as U.S. American Indians/ Alaska Natives.

Four types of cancer accounted for 54% of all cancers diagnosed among Montana American Indians, and these cancers were lung, breast, colorectal and prostate cancers. Lung cancer was also the most deadly. One in four (27%) cancer deaths was a lung cancer death.

The high prevalence of commercial tobacco use and obesity, along with limited access to preventive healthcare and treatment, contribute greatly to the cancer burden among Montana American Indians. In 2014 and 2015, the percentage of Montana American Indians that were current smokers was high compared to White Montanans; 43% of adults and 20% of high school students were current commercial tobacco users (Figure 5). Additionally 42% of adults and 16% of high school students were obese.

Participation in breast and cervical cancer screenings was 69% and 80% in 2014, respectively, and was similar to participation among White Montanans. Unfortunately, only

44% of American Indians were up-to-date with colorectal cancer screening in 2014. This is far below the national goal of 80% and presents an important challenge.

To address these disparities, the leadership of the Montana Cancer Coalition and MAIWHC collaborate on goals and strategies that are relevant to the needs of all Montana populations. The partnerships between MTCC, MAIWHC, and other American Indian-focused organizations and groups are vital to addressing the burden of cancer across Montana, cultivating conversation within the MTCC, and maintaining a strong American Indian voice.

ACHIEVING HEALTH EQUITY

The intention of MAIWHC, along with its supporting partners, is to address the barriers to healthcare for all Montana American Indians and to work to break down such barriers. One of the primary goals of MAIWHC is to achieve health equity by

eliminating health disparities and achieving optimal health for American Indians. MAIWHC addresses health equity through collaboration, research, tools, trainings and resources, and leadership.

Health disparities or inequities are types of health differences closely linked with social, economic, or environmental disadvantages that adversely affect groups of people. People in these groups not only experience worse health but also tend to have less access to resources that support health. In Montana, groups that have historically experienced health disparities include American Indians, people with disabilities, and rurally-located individuals. On average, 33% of all American Indians living on reservations in Montana live at or below the national poverty level.

Reducing cancer and its impact cannot be achieved through health education strategies or traditional skills-based behavior change alone. These and other forces influence the prevalence of major





**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: 11,171

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:

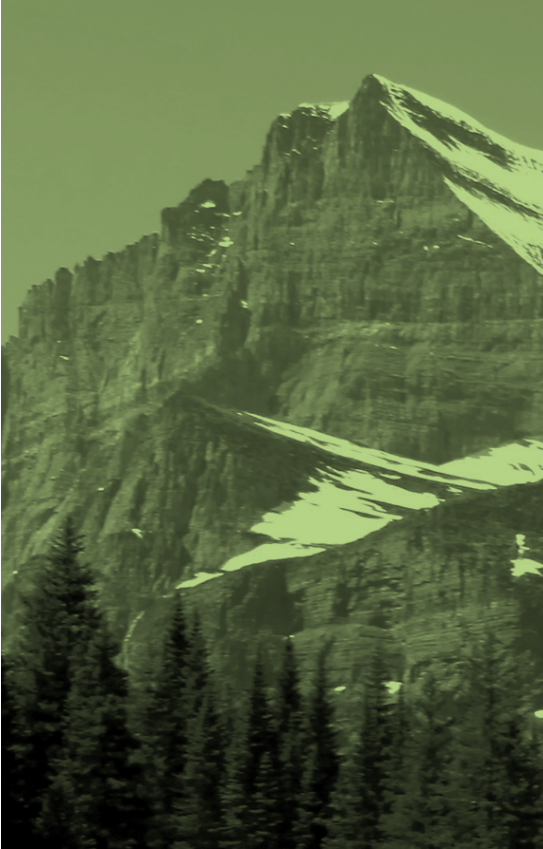
Sioux bands on Ft. Peck are Sisseton, Wahpetons, Yanktonais, and Teton Hunkpapa. Assiniboine bands on Ft. Peck are Canoe Paddler and Red Bottom.



risk factors for cancer, diabetes, heart disease and stroke, yet they are often unseen or unacknowledged.

In Montana, people with disabilities, including physical, sensory, developmental, and intellectual, experience health disparities. For people with disabilities, a lack of accessible medical equipment, such as height-adjustable exam tables and mammography machines, as well as wheelchair-accommodating weight machines, also creates problems for receiving preventative services.

A more complete model of health promotion must be adopted through policy and environmental change to address these environmental forces, including direct intervention on the social environment and influencing health-related behaviors that affect disability and disease.



PREVENTION





PREVENTION

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.

Measure	Data Source	Baseline (year)	Target
Establish baseline data of state, local, and tribal organizations that implement sun safety practices.	Program Data from State and Tribal Partners		5 Partners (1 Partner/Year)

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

STRATEGY 1: Work with tribal and urban health care facilities to disseminate Human Papillomavirus educational materials.

STRATEGY 2: Work with tribal college health programs to educate target Native Youth population.

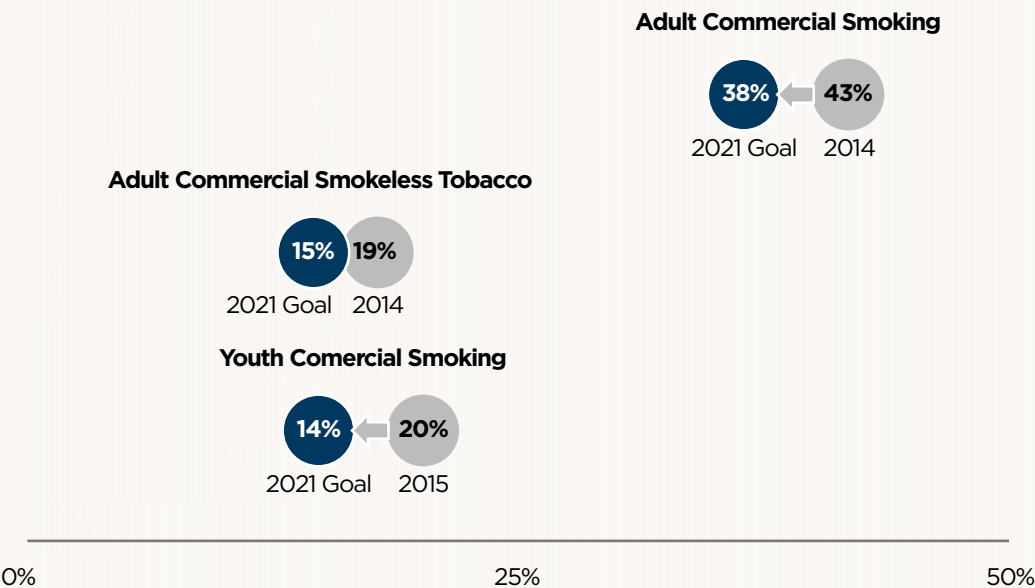
STRATEGY 3: Partner with Indian Education for All (IEFA) and Title VII Parent Advisory Committees to educate them on Human Papillomavirus and the vaccines.

*Currently the Department of Public Health and Human Services does not collect this information separately for American Indians; however, if in the future this information is collected, we would track it.

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 tobacco partners.

STRATEGY 1: Partner with Tribal and Urban tobacco programs to identify barriers to smokefree environments.

STRATEGY 2: Partner with Women Infant Child (WIC) and tribal health programs to disseminate 2nd- and 3rd-hand smoking educational materials.



DATA SOURCE: Montana Behavioral Risk Factor Surveillance System, 2014; Montana Youth Risk Behavior Survey, 2015

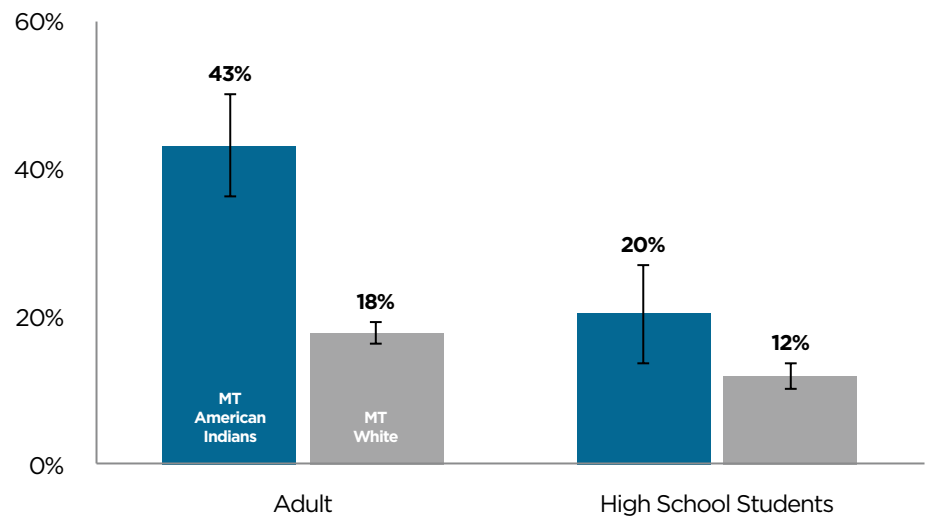
Figure 2. Commercial tobacco use among Montana American Indians in 2014 and 2015 and the 2022 goal.



Prevalence of current commercial cigarette smokers among American Indian and White Montanans

Measure	Data Source	Baseline (year)	Target
Percent of American Indian adults who are current commercial cigarette smokers.	MT BRFSS	43% (2014)	38%
Percent of American Indian adult men who are current commercial smokeless tobacco users.	MT BRFSS	19% (2014)	15%
Percent of American Indian high school students who are current commercial cigarette smokers.	YRBS	20% (2015)	14%

Figure 3. Smoking prevalence among American Indians compared to white Montanans.



DATA SOURCE: Montana Behavioral Risk Factor Surveillance System, 2014; Montana Youth Risk Behavior Survey, 2015

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

STRATEGY 1: Coordinate and communicate with Tribal health programs to identify healthy lifestyle strategies as a priority.

STRATEGY 2: Work with Indian Health Service Behavioral Health to promote behavioral modification through physical activity and nutrition.

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

STRATEGY 4: Distribute educational materials.

Measure	Data Source	Baseline (year)	Target
Percentage of Montana American Indian adults who are obese.	MT BRFSS	42% (2014)	37%
Percentage of Montana American Indian high school students who are obese.	YRBS	16% (2015)	14%
Percentage of Montana American Indian mothers who report breastfeeding at hospital discharge.	MT Birth Certificate	71% (2014)	78%



LITTLE SHELL CHIPPEWA

Traditional Tribal

Name: Little Shell Chippewa are called “Métis” (may-tee) meaning “middle people” or “mixed blood.”

Total number of Tribal members: 4,500

Location: Little Shell Chippewa Tribe is without a reservation or land base & 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:

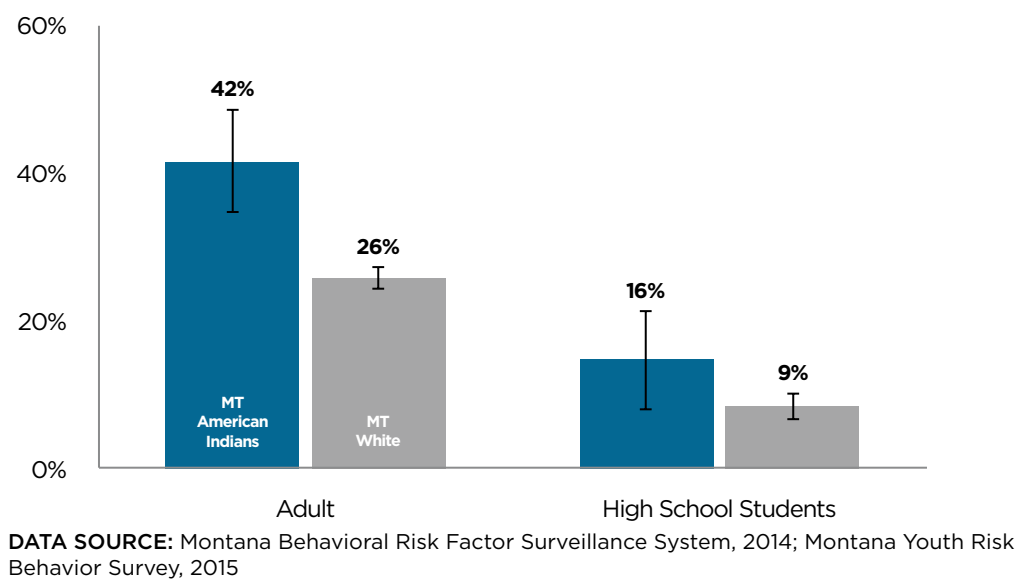
Great Falls, MT

Annual Celebrations:

Joseph Dussome Day (September or October) and Back to Batoche Celebration.



Figure 4. Obesity prevalence among American Indians compared to white Montanans





SCREENING & EARLY DETECTION





SCREENING & EARLY DETECTION

GOAL: DETECT CANCER IN ITS EARLIEST STAGE.

OBJECTIVE 1: Increase screening using nationally recognized guidelines for cancer.

Measure	Data Source	Baseline (year)	Target
Percentage of Montana American Indian men and women aged 50-75 who report being up-to-date with colorectal cancer screening.	MT BRFSS	44 % (2014)	80%
Percent of Montana American Indian women aged 50 and over who report having had a mammogram in the past two years.	MT BRFSS	69% (2014)	80%
Percent of Montana American Indian women aged 21-65 years who report having had a pap test in the past three years.	MT BRFSS	80% (2014)	86%
Percentage of Montana American Indian women aged 40 and older who completed a mammogram in the Montana Cancer Screening Program in the past two years compared to white women.	MCSP	25%	29%
Percentage of Montana American Indian women aged 30 and older who completed a pap or pelvic exam in the Montana Cancer Screening Program in the past three years compared to white women.	MCSP	15%	20%

Figure 5. Percent of Montana American Indian adults up-to-date with cancer screenings in 2014 and the 2022 goal.

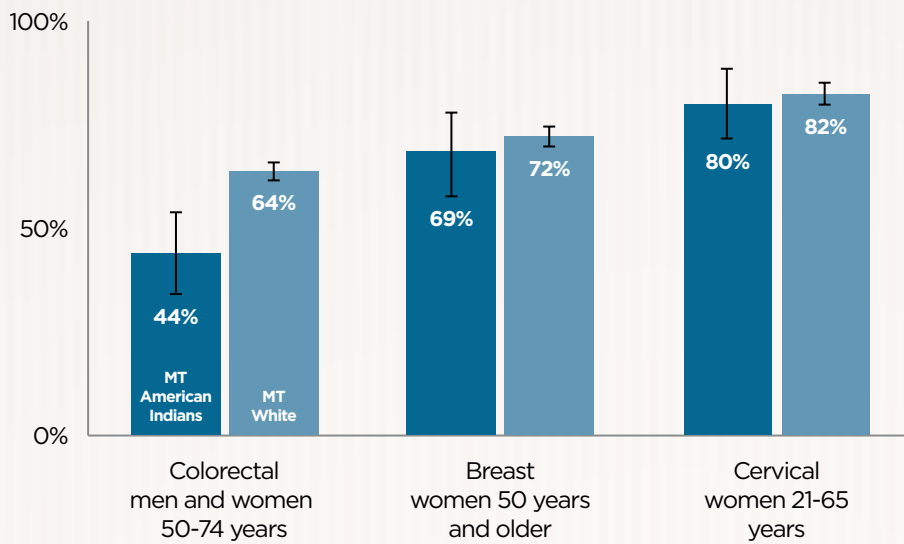


Figure 5. Percent of American Indian and White Montanan adults up-to-date with cancer screenings in 2014 and the 2022 goal.

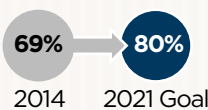
Colorectal Cancer

men and women 50-74 years



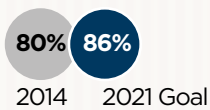
Breast Cancer

women 50 years & older



Cervical Cancer

women 21-65 years



0% 50% 100%

DATA SOURCE: Montana Behavioral Risk Factor Surveillance System, 2014



NORTHERN CHEYENNE

Traditional Tribal

Name: “Tsis tsis’tas”
which means “we are
the people.”

**Total number of
enrolled Tribal
members:** 10,840

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).

Figure 6.

**Montana American Indian Women Aged 40 and Older Who Completed
a Mammogram Through the Montana Cancer Screening Program**

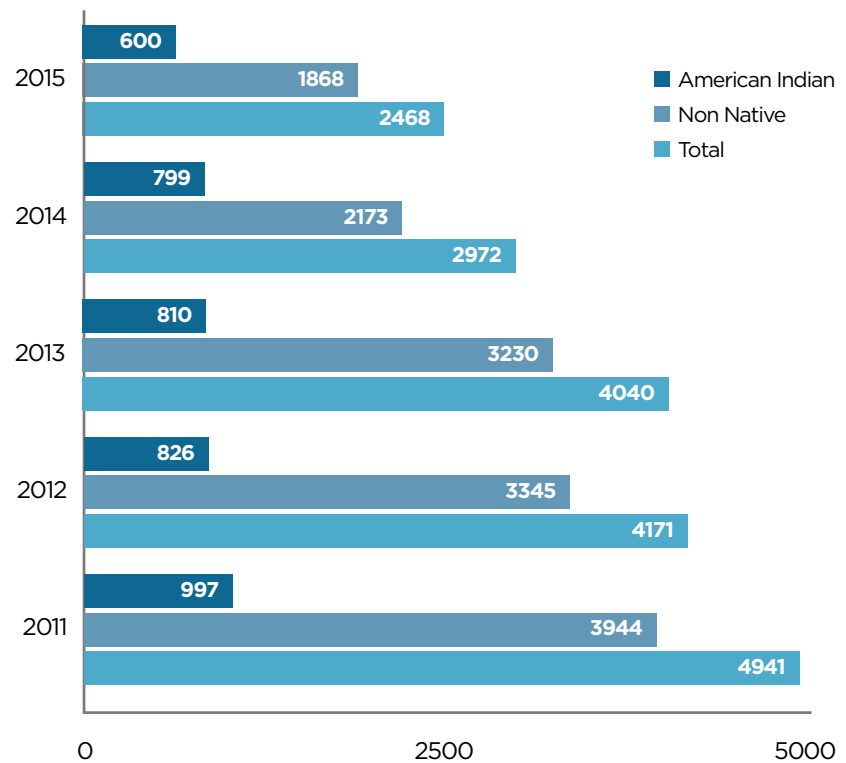
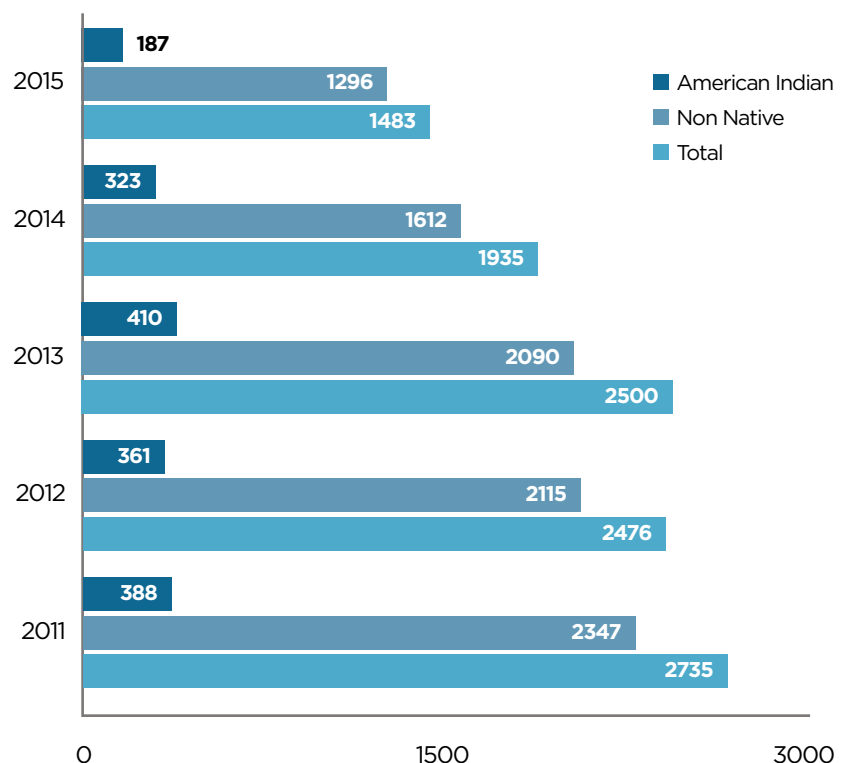


Figure 7.

**Montana American Indian Women Aged 30 and Older Who Completed
a Pap Test Through the Montana Cancer Screening Program**



STRATEGY 1: Promote and educate based on recognized guidelines to the healthcare community (providers, healthcare workers, etc.) and the American Indian population.

STRATEGY 2: Work with Indian Health Service, tribal health services, urban Indian Health Centers, and wellness educators to educate patients on coverage 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 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.

STRATEGY 5: Educate providers on the process of working with 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 an informed decision-making discussion with their providers regarding cancer screenings.





Figure 7.

Measure	Data Source	Baseline (year)	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.	MT BRFSS	26% (2014)	29%

STRATEGY 1: Educate providers on current screening guidelines and resources for men.

STRATEGY 2: Educate and encourage American Indian men to make informed decisions regarding their health.

STRATEGY 3: Recruit American Indian men who recognize the need to educate their peers on the importance of cancer screenings.



TREATMENT & RESEARCH





TREATMENT & RESEARCH

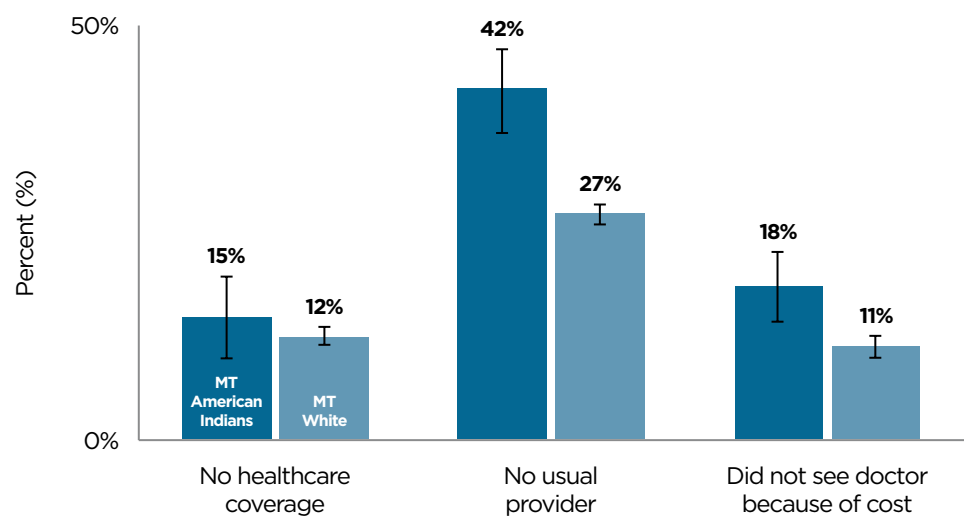
GOAL: DIAGNOSE AND TREAT ALL PATIENTS USING THE MOST EFFECTIVE AND PATIENT-CENTERED CARE.

OBJECTIVE 1: Increase access to diagnostic and cancer treatment.

STRATEGY 1: Increase the number of American Indians in Montana signed up through the Affordable Care Act Marketplace and Medicaid.

Figure 8.
Percent of American Indian and White Montanans with no healthcare coverage, with no usual provider and not seeing a doctor because of cost is statistically significant.

DATA SOURCE:
MT BRFSS 2014





ROCKY BOY'S RESERVATION

Chippewa-Cree Tribes Traditional Tribal Name:

Crees on this reservation call themselves "Nehiyahw" (Nee-hee-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).





OBJECTIVE 2: Increase the percentage of cancer patients who are annually accrued to clinical trials.

STRATEGY 1: Educate and promote clinical trials to Montana American Indian Women’s Health Coalition (MAIWHC) and American Indian communities.

STRATEGY 2: Support Montana Cancer Coalition Clinical Trials awareness month.

Measure	Data Source	Baseline (year)	Target
Establish baseline date of American Indians participating in clinical trials in Montana.	Montana Cancer Consortium N-CORP	Less than 5 (2015)	10

OBJECTIVE 3: Partner with Rocky Mountain Tribal Leaders Council to revise, print, and distribute Cancer Resource Guides.

STRATEGY 1: Identify gaps in services.

STRATEGY 2: Evaluate and address the gaps in services.



QUALITY OF LIFE & SURVIVORSHIP





QUALITY OF LIFE & SURVIVORSHIP

GOAL: PROMOTE INPATIENT AND OUTPATIENT PALLIATIVE AND END-OF-LIFE-CARE.

OBJECTIVE 1: Provide cancer survivors with a comprehensive care summary after completing treatment.

STRATEGY 1: Provide culturally-appropriate training and resources to cancer centers to implement comprehensive survivorship plans.

STRATEGY 2: Develop summary of next steps including insurance, billing, nutrition, supplies, and office procedures.

STRATEGY 3: Ensure that care summaries are given to primary care providers.

Measure	Data Source	Baseline (year)	Target
Percentage of patients receiving a care summary.	Cancer Center Data	TBD	100%

GOAL: PROMOTE SURVIVORSHIP CARE PLANNING FOR ONCOLOGY PATIENTS.

OBJECTIVE 2: Increase 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 education to tribal councils and tribal health.

Measure	Data Source	Baseline (year)	Target
Number of support services available to people in Montana.	Cancer Support Community Montana	TBD	TBD

OBJECTIVE 3: Improve availability of palliative care and hospice services.

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

STRATEGY 2: Increase number of health professionals who are professionally trained in palliative care and hospice.

STRATEGY 3: Partner with nursing programs related to reservations to encourage participation in senior care and/or oncology tracks.

Measure	Data Source	Baseline (year)	Target
Percent of cancer patients who have access to palliative and hospice services.	Cancer Center Data	TBD	TBD





OBJECTIVE 4: Increase use of advance care plans.

STRATEGY 1: Promote state registry in collaboration with Montana Cancer Control.

STRATEGY 2: Educate and promote advance care plans with Tribal population.

STRATEGY 3: Educate tribal health and clinical staff to encourage completion of advance care plans.

Measure	Data Source	Baseline (year)	Target
Number of advance directive plans registered with the Attorney General's Office.	MT Department of Justice	17,619 (2015)	23,619

*Currently the Department of Justice does not collect this information separately for American Indians; however, if in the future this information is collected, we would track it.



SOURCES





SOURCES

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