



LINEBERGER COMPREHENSIVE
CANCER CENTER



UNC
CANCER CARE

Provision of intercultural approaches to cancer services for rural Indigenous women in the US

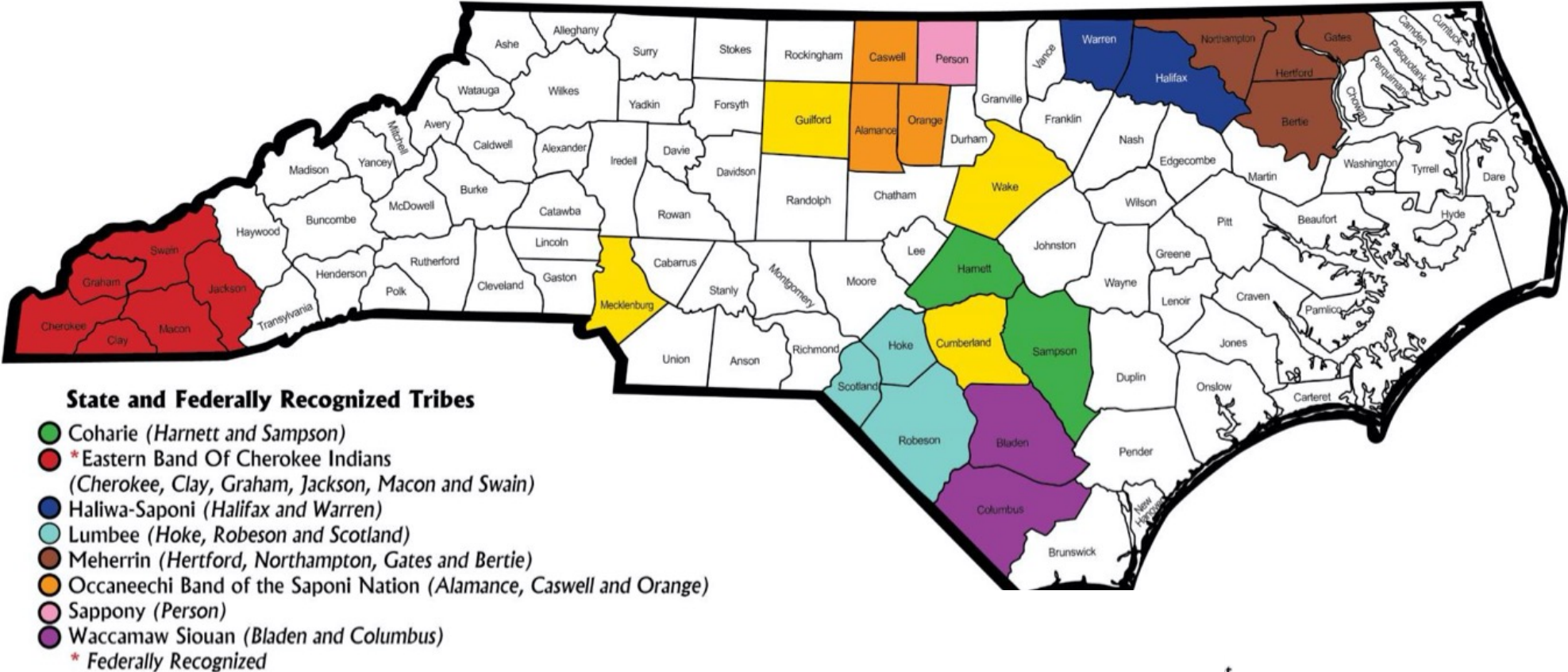
22 February 2022

Marc Emerson, PhD, MPH

University of North Carolina – Lineberger Comprehensive Cancer Center



Recognizing land and sovereignty of Native nations



Native protocol: Establishing relationality

K'é - Traditional practice of introductions rooted in relationality and kinship



Research philosophy: Creating a context for why this work is meaningful

Sa'ah Naaghai Bik'eh Hozhoon (SNBH) – The life force which is the reason for being and becoming; the pathway for continual learning and renewal of aspiration

- A way of life for Diné (Navajo)
- Provides an equitable framework
- A process, philosophy, and orientation
- Guides and grounds me personally and professionally



Research as a pathway to SNBH*

- Addresses the challenge of research in culturally complex settings
- Indigenous epistemology and storytelling
 - Indigenous storytelling must be heard and added as a research paradigm (Chilisa)
 - Theorizing through autobiography (hooks)



UIHI <https://www.uihi.org/about/>

**Sa'ah Naaghai Bik'eh Hozhoon* = the life force which is the reason for being and becoming; the pathway for continual learning and renewal of aspiration



Allowing *Sa'ah Naaghai Bik'eh Hozhoon** to guide the research process

Question:

- How can we improve AIAN health measured by what is meaningful to the community?



Method:

- Academic protocol
- Indigenous protocol
- Draws on both Navajo epistemology and Western academic epistemology



Conclusion:

- Interpretation is informed by worldview, method, and results



**Sa'ah Naaghai Bik'eh Hozhoon* = the life force which is the reason for being and becoming



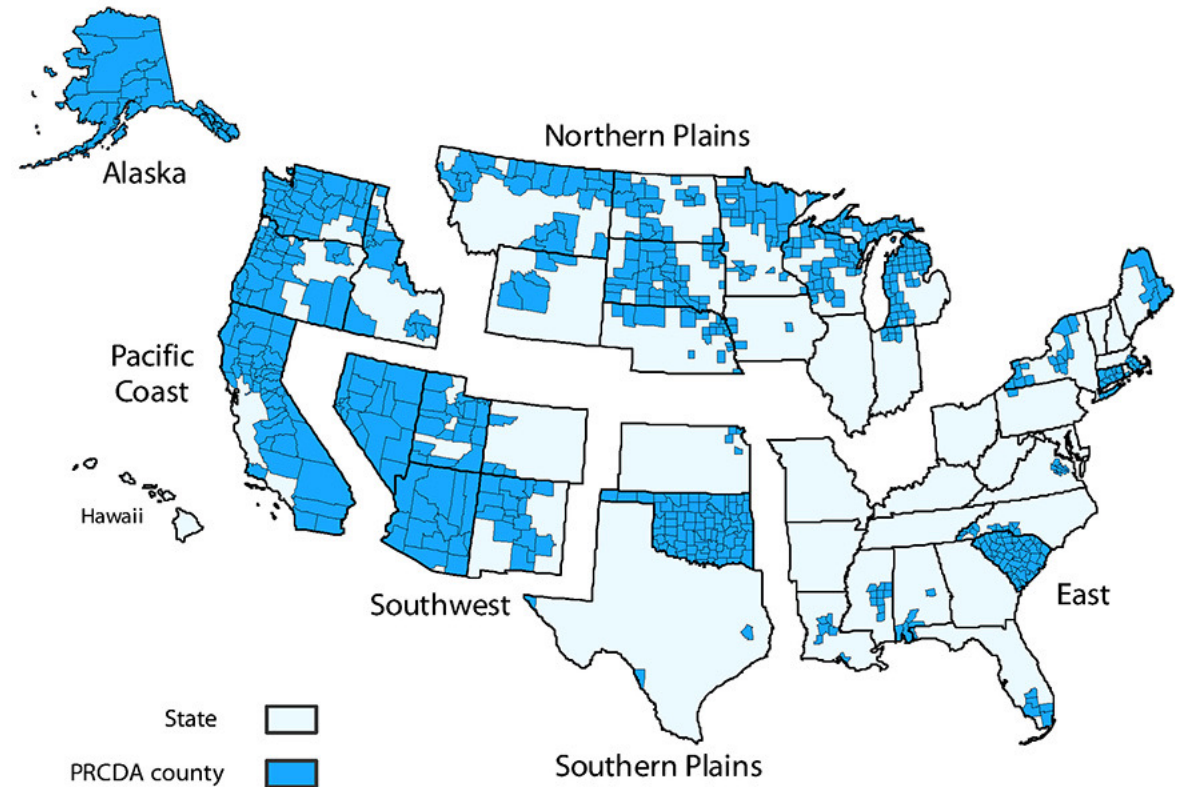
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Improving access and treatment in American Indian/ Alaskan Natives (AIAN)



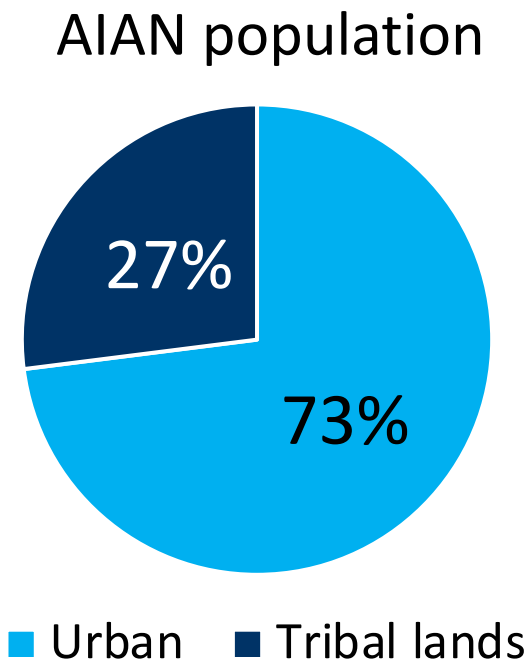
Great diversity among AIANs

- 574 federally recognized tribes
 - Different culture, location, language and beliefs
- Primary healthcare provided by the Indian Health Service
 - Must be enrolled members of federally recognized tribe
 - Must reside on/near reservation within a contract health service delivery area

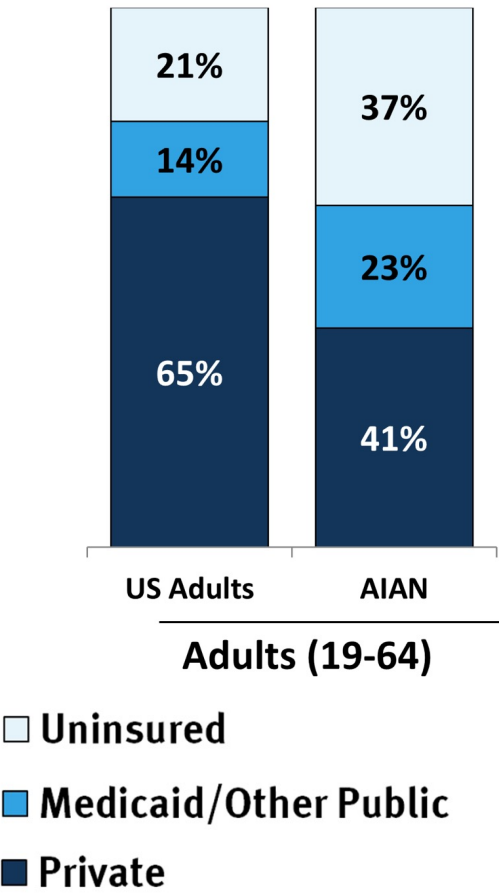


Urban AIANs

- The majority of AIAN persons reside in urban areas
- Outside of the Indian Health Service, AIAN have the lowest rate of private health insurance of any racial/ethnic group



Insurance status



Published OnlineFirst November 29, 2017; DOI: 10.1158/0008-5472.CAN-17-0429

Prevention and Epidemiology

Cancer
Research

Disparities in Prostate, Lung, Breast, and Colorectal Cancer Survival and Comorbidity Status among Urban American Indians and Alaskan Natives

Marc A. Emerson¹, Matthew P. Banegas², Neetu Chawla³, Ninah Achacoso³, Stacey E. Alexeeff³, Alyce S. Adams³, and Laurel A. Habel³



AIAN breast cancer mortality

Adjusted for patient + disease characteristics

HR (95% CI)

Adjusted for patient + disease characteristics + Charlson score

HR (95% CI)

All-cause mortality

1.52 (1.17-1.99)

1.47 (1.13–1.92)

Cancer-specific mortality

1.31 (0.89–1.95)

1.31 (0.88–1.94)

Emerson MA et al. *Cancer Res.* 2017



Initiation and adherence to adjuvant endocrine therapy (AET) among insured, urban AIAN



Objective

To evaluate whether AET initiation and adherence were lower among AIAN than other races/ethnicities



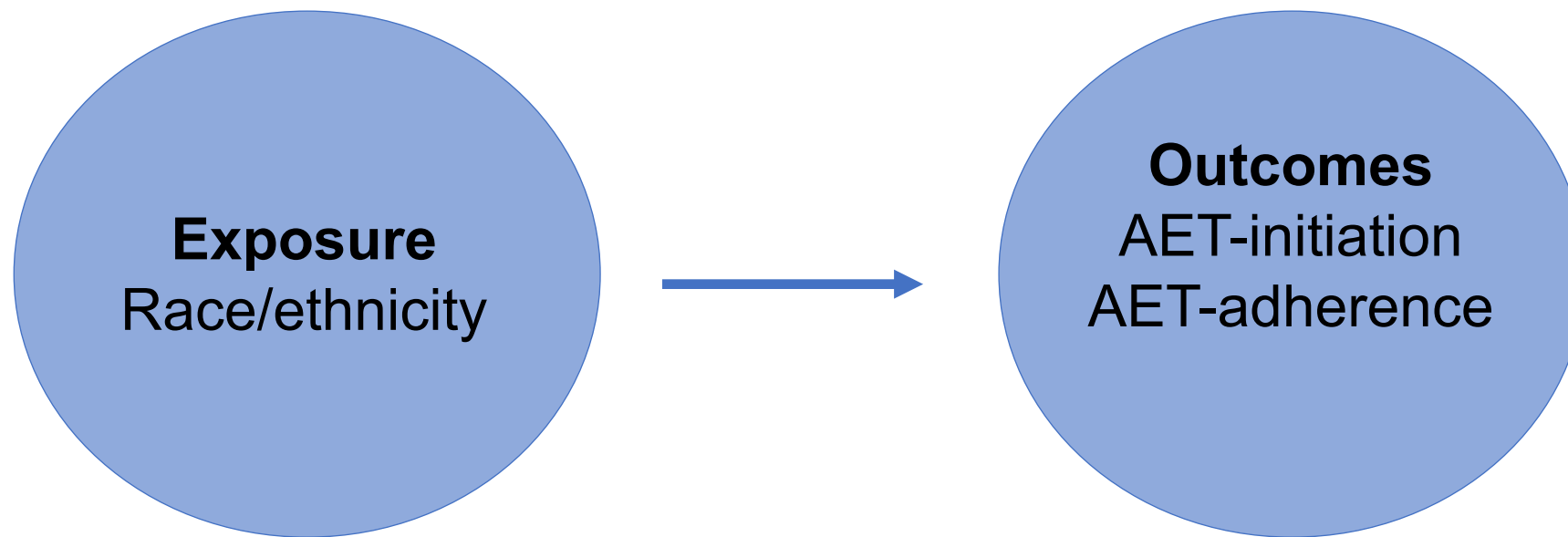
Source population: Kaiser Permanente Northern California

- Over 3.9 million currently active members
- Membership comprises approximately one-third of the population of California's San Francisco Bay Area and Central Valley



Participants and analysis overview

23,680 AET eligible (first primary, stage I-III, hormone receptor-positive breast cancers) patients from 1997 to 2014



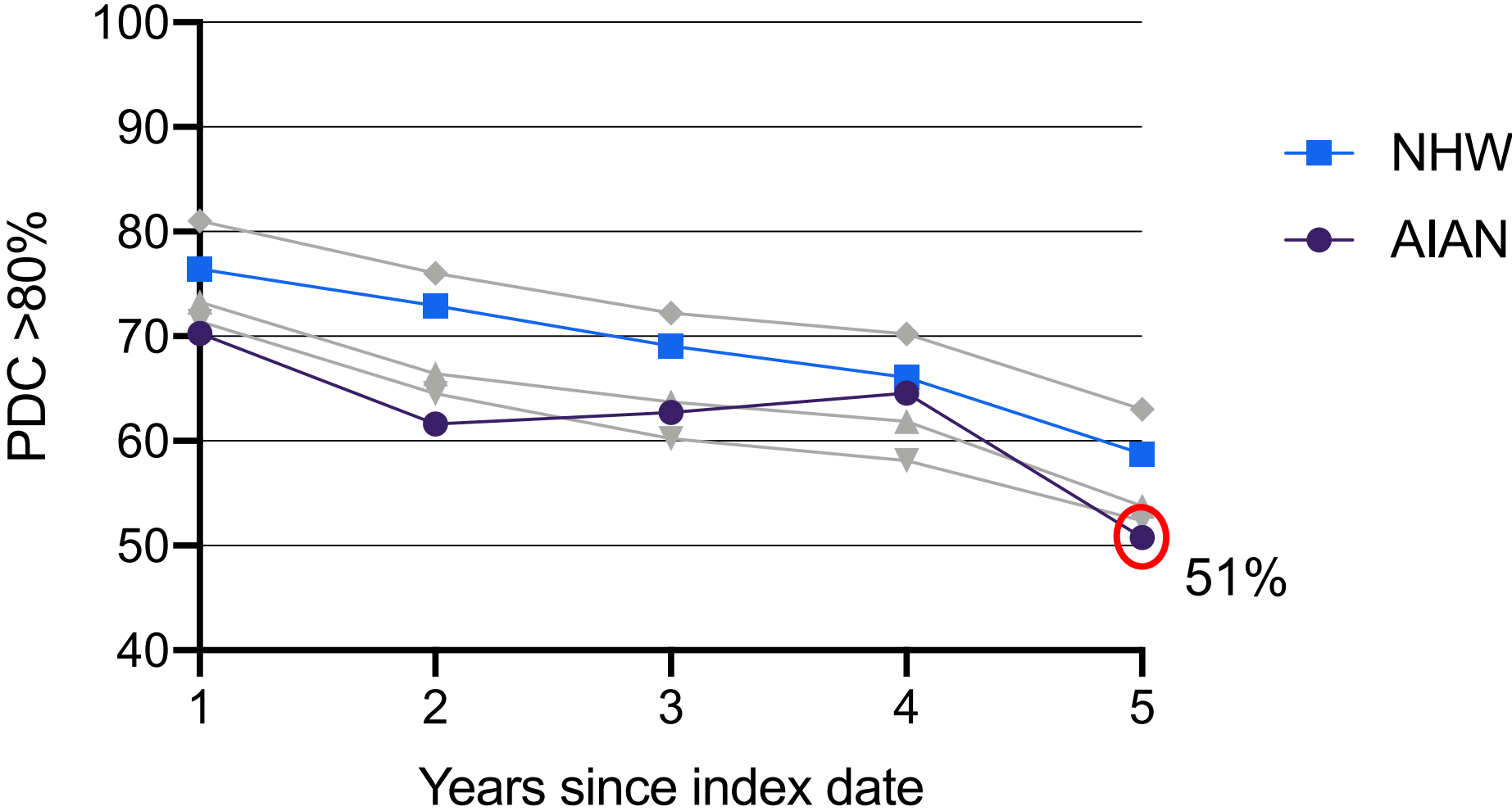
Low AET initiation among AIAN

- 83% were AET initiators
- AIAN women had the **second** lowest AET initiation

Race	%
API	84.7
Hispanic	83.0
White	82.5
AIAN	78.6
Black	78.0



AIAN AET-adherence



AET treatment gap

At the end of the 5-year period, total underutilization (combining initiation and adherence) in AET eligible was greatest among AIAN (70.6%)

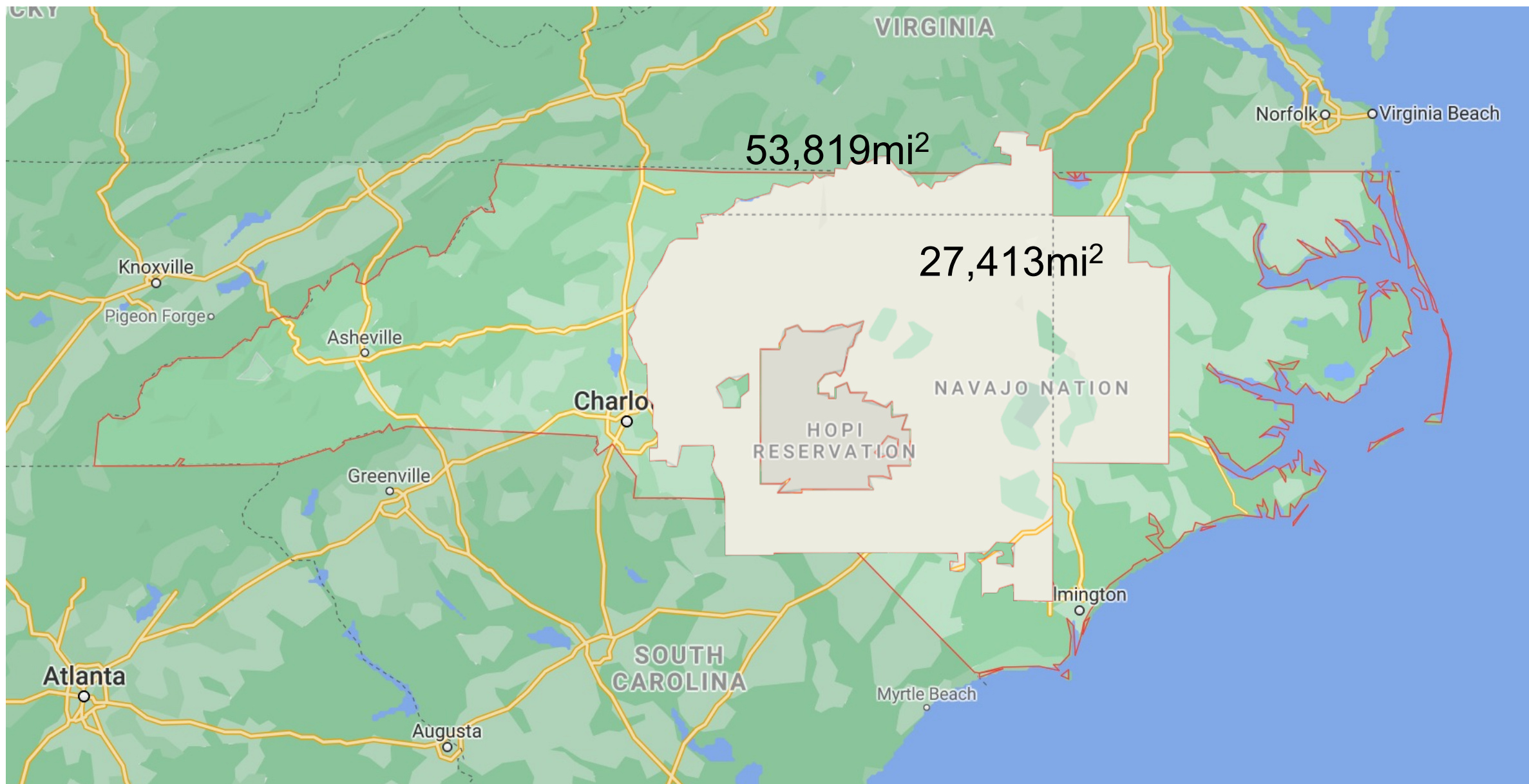
Race	%
API	52.3
White	58.7
Hispanic	63.2
Black	69.6
AIAN	70.6



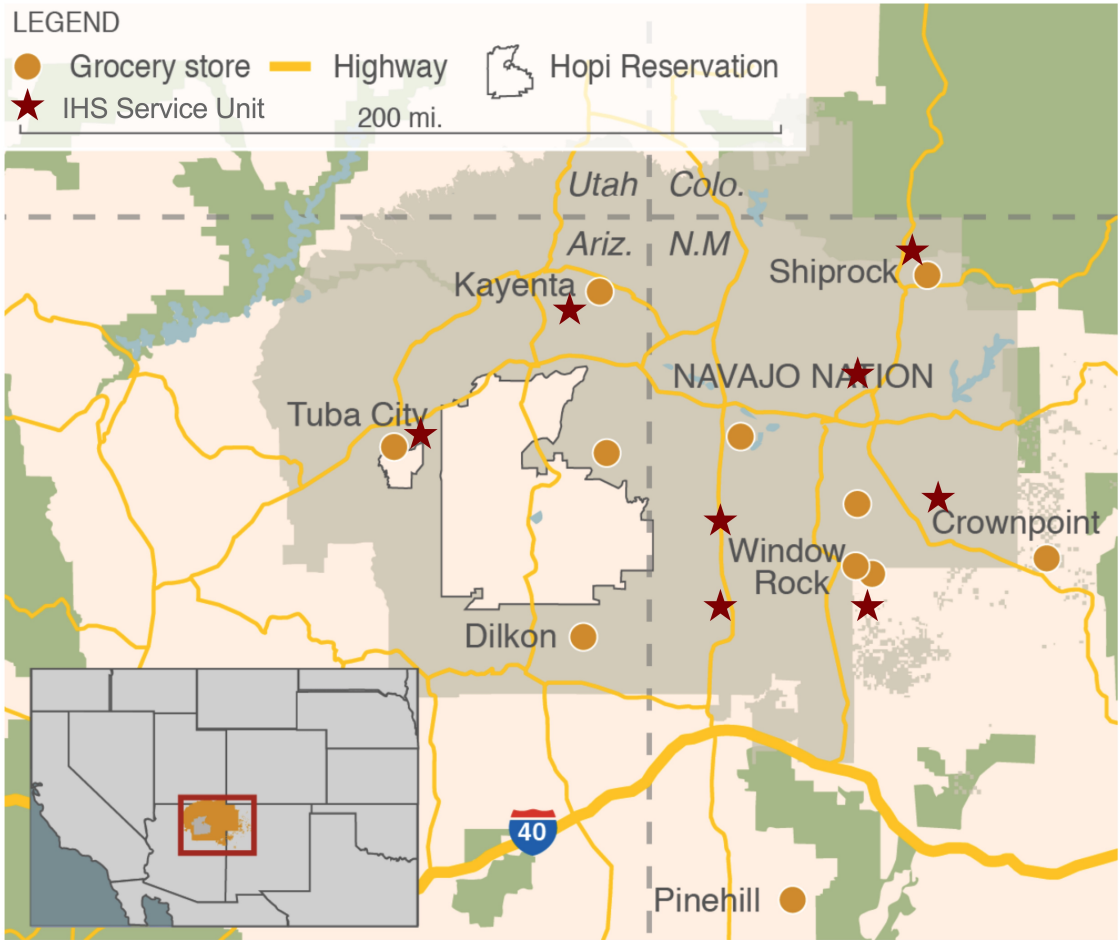
The takeaways

- Our results suggest that AET initiation and adherence are particularly low for insured, urban AIAN women
- Results may represent a “best-case scenario” for access yet still highlights substantial racial disparities
- Interventions that address barriers specific to AIAN women are needed

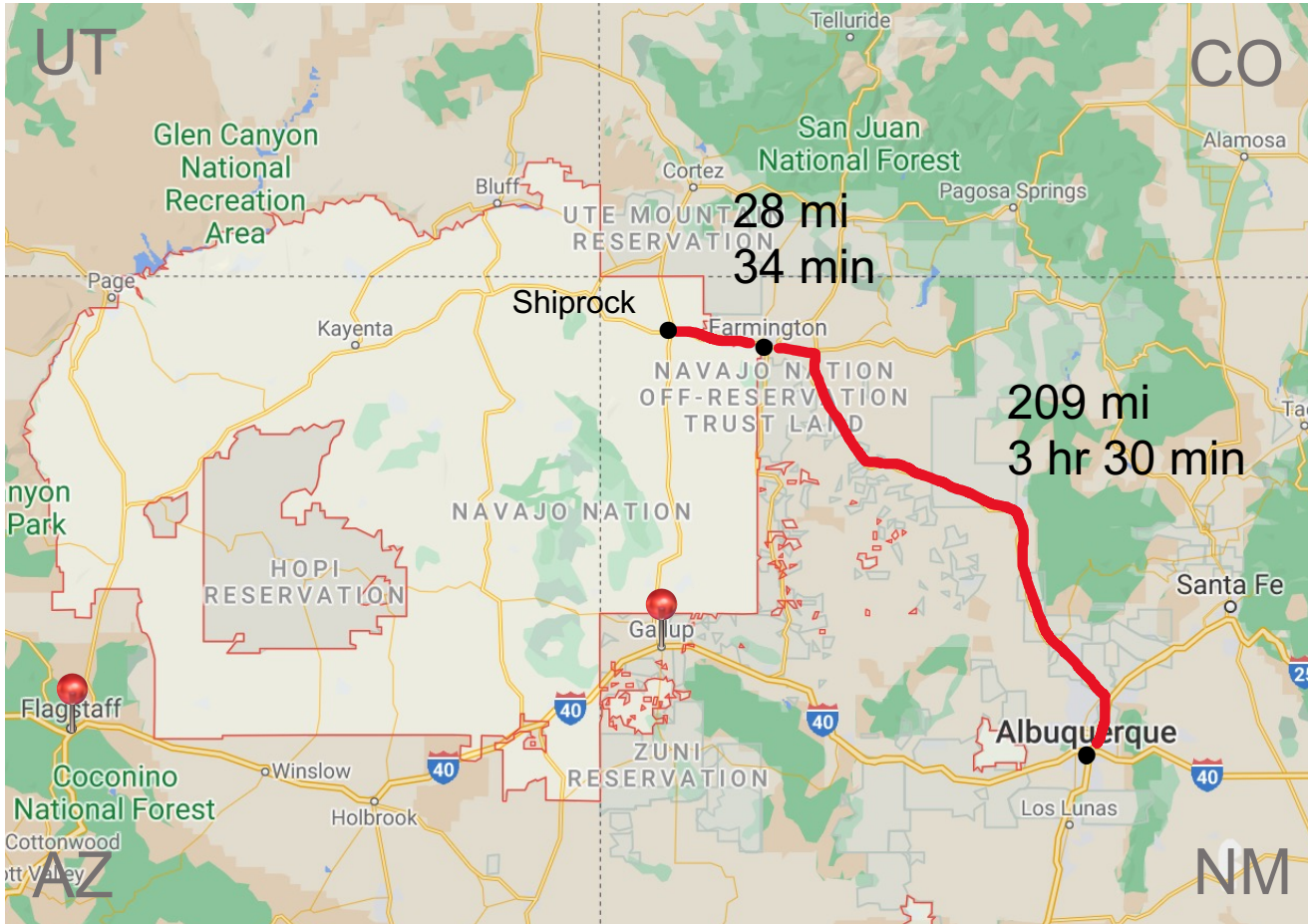




Additional barriers for AIAN populations



Map by Alex Newman/Al Jazeera America & Marc Emerson



Map by Google Maps <https://www.google.com/maps/place/Navajo+Nation>



WATER
FROM THIS
WELL IS NOT
SAFE TO DRINK!!



this water has been
& found to exceed
& US EPA human
standards for URBAN
CONTAMINANTS
livestock use only
for human drinking

Dennehotso, AZ



COMPREHENSIVE
WATER

Native protocol: Establishing relationality

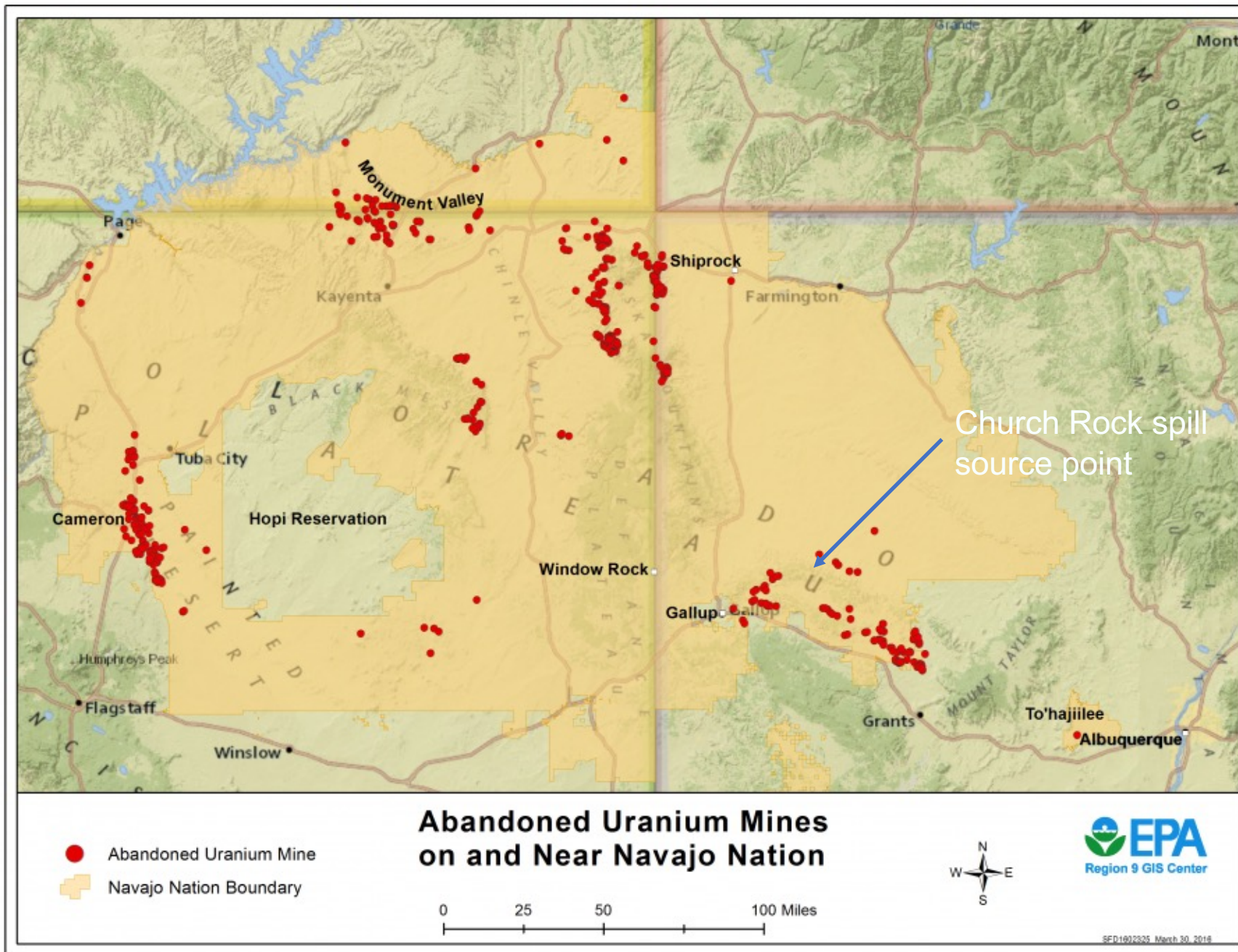
K'é - Traditional practice of introductions rooted in relationality and kinship





Shiprock, NM





HEALTH EFFECTS OF URANIUM ON PREGNANT WOMAN

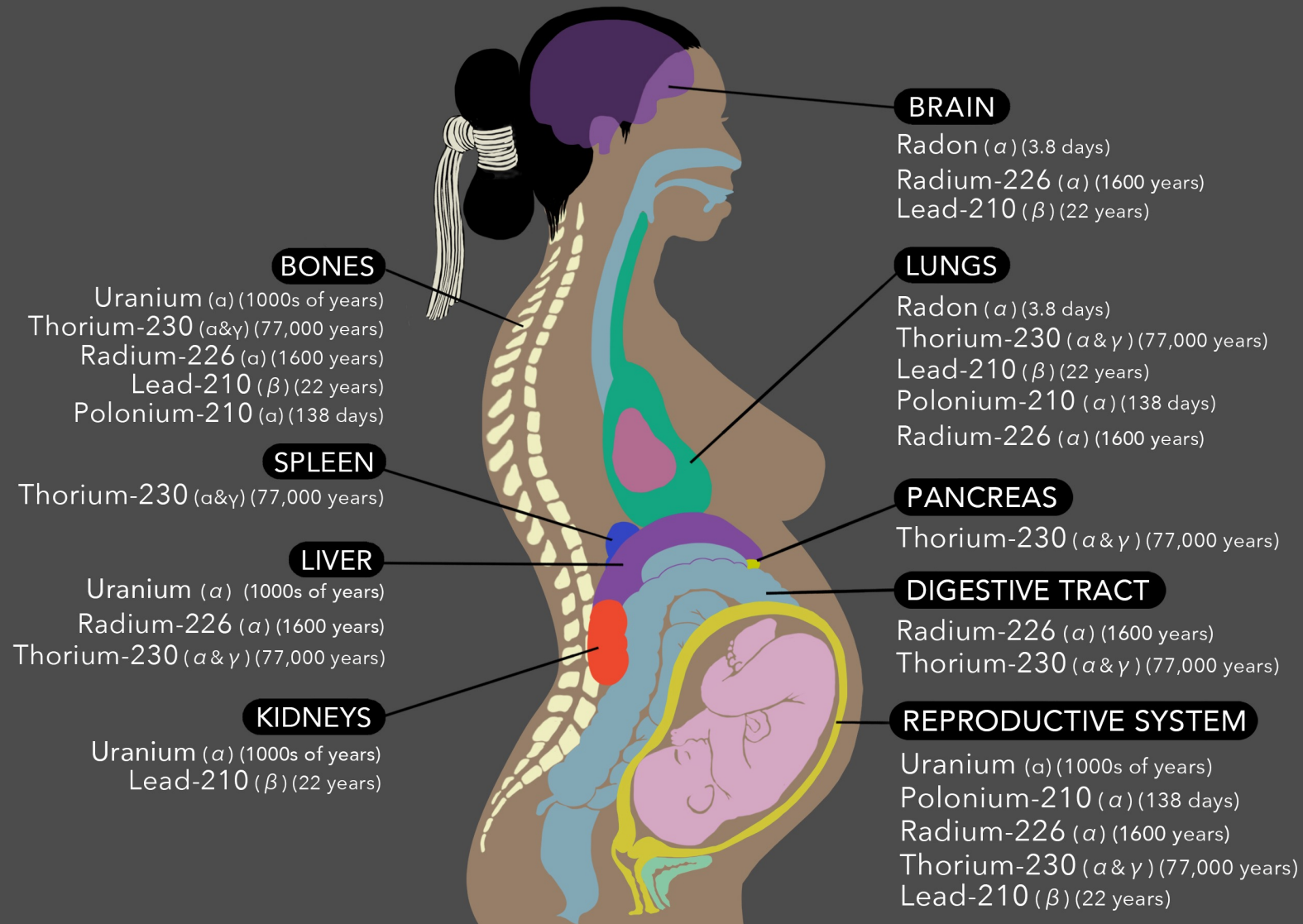


Image courtesy Radiation Monitoring Project



Integrating K'é: Key questions for researchers

Accountability the individual has for the collective well-being

- To whom I am accountable? How can I expand my sense of accountability to consider a connection to a broader collective?
- Do my research questions, methods, and interpretations consider Indigenous populations, perspectives, or sovereignty?
- Does this project acknowledge and promote structures of accountability to Indigenous land and territory?

Relationships to broader community, family, and non-human relations

- What is my subject position in relation to the research topic? Who else can I elevate and support as a collaborator or stakeholder?
- How do I promote equity in research design, methods, and interpretation? (considering gender, class, race, ability, etc.)
- How will the data and knowledge be protected? How will it be shared? How does it benefit the community outside the project?

Social responsibility to viewing all life forms as relatives and research partners

- How does project this consider beyond human-to-human relations towards the inclusion of other than human beings?
- How do we consider mental, emotional, physical, and spiritual dimensions of the research project and its implementation?
- Does any part of this project control, subjugate, commodify, manipulate, or exploit?

