



2023 Skokomish Paddle for the Battle

# 2024-2034 SPIPA Tribal Cancer Plan

## Wellness for Today and for Future Generations

A Framework of Action to Reduce the Burden of Cancer in  
the Communities of the Chehalis, Nisqually, Shoalwater Bay,  
Skokomish, and Squaxin Island Tribes.





Squaxin Island 1st Annual Color Run 2023  
Joanne Decicio, Jamie Cruz, Jenene Miller



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# Acknowledgments

We extend our heartfelt gratitude to the community members and cancer survivors who have generously allowed us to feature their images in the SPIPA CCCP Cancer Plan. Your participation in cancer control events over the years is deeply appreciated, and these images beautifully represent both the purpose of our program and the enduring strength of Native communities.

We also wish to honor the wisdom and guidance of the community members, cancer champions, those who have walked on, and partners who have all contributed to the creation of this 2024-2034 SPIPA Comprehensive Cancer Control Plan. Your commitment to preserving cultural values and generational knowledge has profoundly influenced this plan. We are privileged to have learned from your personal stories and passions, which have been thoughtfully integrated into this important work. You are a guide for generations to come.

hawadubš čələp.



# Health Disparities

## Cancer Burden

Indian Health Service, which is the federal agency tasked with meeting the health care needs of American Indian and Alaska Native (AI/AN) individuals in this country, is significantly underfunded. Although the federal government has a legal obligation to provide health care to AI/AN individuals, because of insufficient funding most cannot easily access vital health screenings, preventive care, or routine check-ups. This has led to a life expectancy for AI/AN individuals that is almost five years shorter than that for all races in the U.S.<sup>1</sup>

This lack of access to adequate health care, historical trauma, and the socio-economic marginalization of most Tribal communities has created a current situation wherein AI/AN individuals have:

- Life expectancy that is 5.5 years lower than the U.S. all races population
- Lung and colorectal cancer incidence rates which were nearly 20 percent to 2.5 times higher in AI/AN males and nearly 20 percent to nearly 3 times higher in AI/AN females compared to whites in the Northern Plains, Southern Plains, Pacific Coast and Alaska.<sup>2</sup>
- According to the CDC, on the Pacific Coast, prostate and breast cancers were the most common cancers for AI/AN males and females in the period of 2012 to 2016. Lung and colorectal cancers were the second and third most common for both males and females.<sup>3</sup>

## Data Sources

Data to inform this Cancer Control Plan is largely sourced from the SPIPA Community Wellness Survey (CWS). This survey is distributed annually at multiple events throughout each of the tribal communities served. This survey allows us to compare community responses on healthy behaviors, cancer incidence, and risk factors from year to year. Other data sources used to determine baseline community data include the Washington State Cancer Registry, North Portland Area Indian Health Board Epi Center, and data directly from Tribal Health Clinics.



2023 CDC Business Meeting (SPIPA Program staff:  
Cher Castello, Melissa Johnson, Jamie Nikander)

Our data collection approach is uniquely enriched by Indigenous research methods, specifically Community-Based Participatory Research (CBPR). We gather crucial data from tribal members at community events and benefit from the invaluable insights of Tribal elders volunteering on our CCCP Advisory Committee.

Additionally, our tribal, state, and federal partnerships with other cancer organizations provide us with valuable AI/AN cancer burden data. This collaborative and culturally sensitive approach ensures that our data is both comprehensive and deeply reflective of the needs and perspectives of the tribal communities SPIPA serves.

1 Smith, Mary, "Native Americans: A Crisis in Health Equity" published on [https://www.americanbar.org/groups/crisis/publications/human\\_rights\\_magazine\\_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/](https://www.americanbar.org/groups/crisis/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/) accessed 1/10/2022

2 Melkonian, Stephanie C. et al, "Disparities in Cancer Incidence and Trends Among American Indians and Alaska Natives in the United States, 2010–2015", accessed 1/10/2022 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6777852/>

3 Cancer Incidence Among American Indian and Alaska Native Populations, 2012–2016(Purchased/Referred Care Delivery Areas) <https://www.cdc.gov/cancer/uscs/about/databriefs/no12-cancer-incidence-AIAN-PRCDA-2012-2016.htm> Accessed 1/10/2022



# Health Disparities

## Background

Less than 200 years ago, the indigenous population of the area now known as the Puget Sound region of Washington State was healthy, well fed, and continuing with life as it had always been. In April of 1833, however, all of that began to change rapidly with the establishment by the Hudson's Bay Company of Fort Nisqually, the first non-Native settlement on Puget Sound.

Prior to 1833, and for ages untold the Native people of the lands around the Salish Sea<sup>1</sup> prospered. The bountiful lands and waters provided all that the people could need: homes, clothing, wealth, and sustenance. The people hunted the elk and deer that were plentiful in the old-growth forests and fished the rivers that ran bank-full with salmon. They travelled the local area to gather camas root, which is one of the few sources of carbohydrates available, huckleberries, salmonberries, and acorns in the proper season. Canoes made from single cedar trees were the primary method of transportation between villages and were a vital tool for important activities such as fishing and trade. The people also traded with Tribes east of the Cascade Range. The abundant natural resources of the area ensured that the people were healthy. The diet consumed by most Native peoples of the area was rich in fatty fish, vitamin dense berries, high fiber plants, and was minimally processed. In addition to this healthy diet, the people rowed canoes, walked miles, hauled fishing gear, built long houses, gathered food, and played without motors, power-tools, or electronics. The people thrived in this environment, living long and healthy lives.

Post-colonization, Tribes were confined to Reservations, hunting and fishing rights were significantly and dramatically reduced, and the gathering of berries, plants, and other resources were prohibited by property owners. The Bureau of Indian Affairs provided some food in the form of white flour, salt, sugar, and lard. Poverty became the norm. After colonization, the lives of many Native Americans became significantly less healthy and, on average, much shorter.<sup>2</sup>



<sup>1</sup> Puget Sound

<sup>2</sup> Smith, Mary, "Native Americans: A Crisis in Health Equity" published on [https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/) accessed 1/10/2022

# 4 Cancer Burden Data

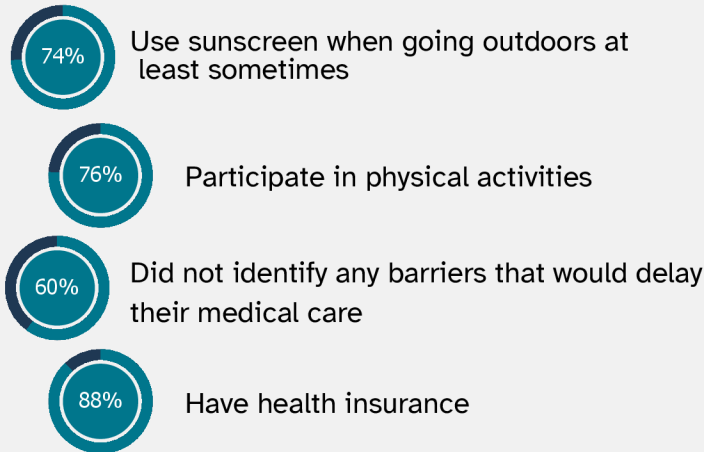
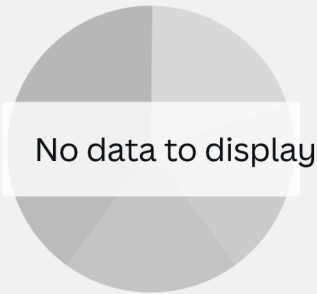
## Background

SPIPA Cancer Programs collect and analyze cancer data specific to the five tribes that make up the SPIPA consortium. Program Staff provide community outreach and an annual Community Wellness Survey (CWS) to understand tribal-specific cancer trends, risks, and disparities. While AI/AN cancer data challenges are common at the state and federal levels due to racial misclassification and low representation of AI/AN, SPIPA Cancer Programs supplement the CWS findings with state and federal data to help create a comprehensive picture of cancer within these tribal populations.

### Data collected from tribal communities between July 1, 2022 - June 30, 2023

#### General Health Status

Overall health status reported by the CWS respondents. 76% of respondents said their health was either excellent, very good, or good, with only a small percentage rating it as poor.



#### Percentage of adults screened for skin cancer

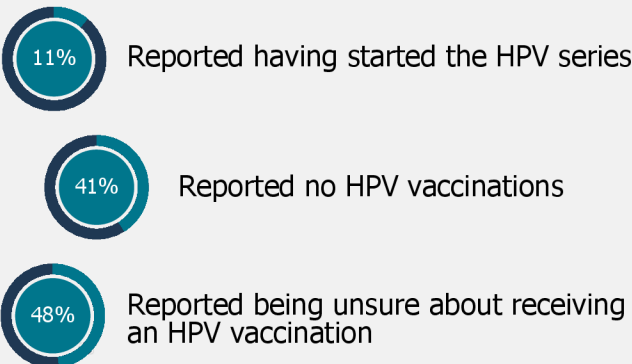


#### Tobacco use



#### HPV Vaccinations

This shows the distribution of HPV vaccination shots received by respondents. A large number are unsure of their vaccination status.

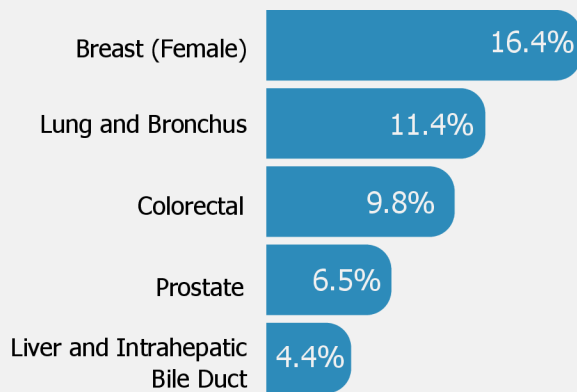




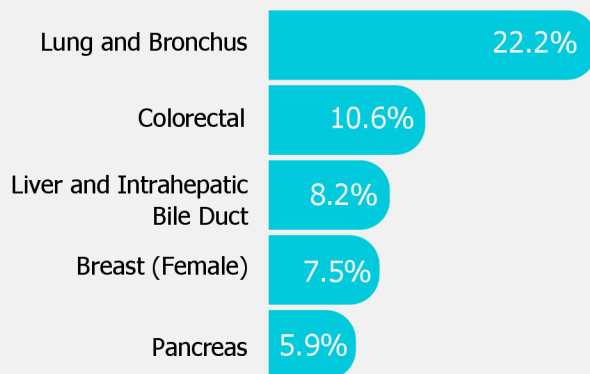
## Washington State Cancer Registry Burden Data 2016-2018

The SPIPA Comprehensive Cancer Control Plan (CCCP) and Native Women's Wellness Programs (NWWP) collaborate with the Department of Health Cancer Registry one to two times annually to address and correct racial misclassifications. This partnership aims to improve accuracy and comprehensive data reporting on American Indian/Alaska Native individuals in Washington State served by SPIPA who are diagnosed with cancer.

### Most Common Incidence of Cancer Among AI/AN in Washington State

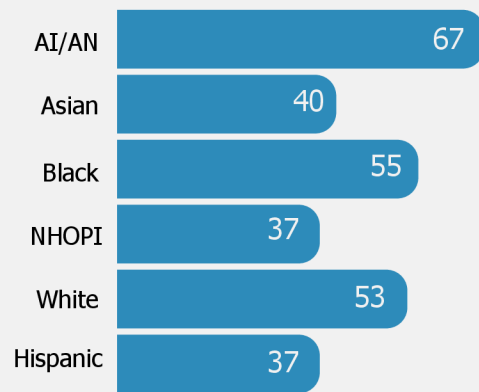


### Cancer Mortality Rates for AI/AN in Washington State



Mortality rates steadily decreased by 1.4% per year from 2004-2018.

### Average Annual Incidence and Age-Adjusted Rates of Lung Cancer in Washington State



\*Age-adjusted rates per 100,000. Age-adjusted rates make it easier to compare groups by taking age into account, so the results are fair and not influenced by how many people are in each age group.

### Cancer Incidence and Mortality Trends among AI/AN in Washington State

- 470** AI/AN have a higher incidence of cancer cases compared to other racial classifications. There are 470 new cancer cases each year among the tribal population in Washington State.
- 129** 129 cancer deaths annually. AI/AN have the third highest death rate compared across racial classifications.
- 54** There are 54 new cases of lung and bronchus cancer each year in Washington State among the AI/AN adult population.
- 29** 29 AI/AN deaths occur each year from lung and bronchus cancer among adults in Washington State.

# The Program

## Purpose

The SPIPA CCCP operates within a restorative context that attempts to undo some of the damage historical trauma and a lack of equitable access to health care has created. The SPIPA CCCP can help community members break the trajectory toward low quality of life, declining health, pain, and premature death imposed by trauma and lack of care and instead move people into long lives full of wellness and joy.

To that end, the purpose of the SPIPA CCCP is to work toward completely cancer free communities through the reduction of the morbidity and mortality from cancer within the communities of the Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island Tribes through the facilitation of cancer control, prevention, awareness and support activities which include the leveraging of resources and the development of partnerships to ensure that cancer risks are reduced, cancer is detected early, and the disparities in the incidence of cancer within American Indian and Alaska Native communities are eliminated.

The program has been designed to prevent cancer mortality through the promotion of healthy lifestyles, the earliest possible detection of cancers, and the provision of support to all community members going through treatment after a cancer diagnosis.

## Mission

To implement a community-driven, comprehensive plan addressing the cancer burdens of each SPIPA Tribe.

## Vision

We envision a future in which the SPIPA Consortium Tribal Communities live a long, healthy, cancer-free life.



1. Kobe and Keith Beck using Mens Health Fishing Tackle Boxes
2. Nisqually Pride Event 2022
3. Jessica and Jaimie Cruz, Squaxin Island Cervical Bingo Event
4. Layla Ly, Aryn Culp, Delia Culp, Cedar Murphy, 2024 Color Run

5. Skokomish Mothers Day 2023
6. Rita Andrews at Advisory Committee Meeting 2024
7. John Simmons filming colorectal cancer awareness message 2024



# Program Priorities

## SPIPA Comprehensive Cancer Control Program Priorities

The SPIPA CCCP Plan will guide cancer control awareness, education, and support activities for the Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island Tribal Communities focusing on community-driven priorities to include:

- Bringing resources and partners together to educate tribal community members about cancer and plan sustainable Policy, Systems, and Environmental change (PSE) projects in their communities.
- Prioritizing community-wide interventions that are culturally inclusive and address each community's individual needs.
- Supporting tribal community members diagnosed with cancer (survivors) through their treatment and beyond.
- Promoting health equity and access to good health care for the whole community.
- Monitor policies and programs to make sure they are effective and benefit the Tribes.

## About This Cancer Plan

This plan was developed through the collaboration of the Advisory Committee, which includes tribal and community members from the Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island Tribes, as well as distinguished professional organizations from both within and outside the State of Washington. Since 2004, the CDC has funded the CCCP to implement these efforts, and this is not the first version of a SPIPA Cancer Plan. We acknowledge and thank all those who contributed to previous SPIPA CCCP Cancer Control Plans, which have provided a foundation for this document.

This Cancer Control Plan is intended for use by the SPIPA CCCP, tribal and community members, Tribal Councils, Tribal Health Clinic staff, SPIPA planners and administrators, partner organizations, funding agencies, and those providing technical assistance to tribes SPIPA serves. It outlines community needs and cancer control priorities.

Serving as a roadmap, this plan will guide the collaborative efforts of the tribal nations served by SPIPA to address, control, and prevent cancer from 2024 to 2034. The SPIPA CCCP and Advisory Committee will evaluate the impact and effectiveness of these activities as they are carried out.

This plan is designed to be a living document, adaptable as goals are achieved or new priorities emerge. We recognize that cancer control efforts will extend beyond 2034, and hope this work will lay a strong foundation for future generations.

# The Cancer Plan

## Organization of the Cancer Plan

This Cancer Control Plan, starting on page 8, outlines objectives and activities under each program goal: Cancer Prevention, Early Detection, and Survivorship Support. These objectives and activities were established by the advisory committee and align with program priorities. They are categorized as Policy, Systems, and Environmental changes (PSE).

To work towards a future with a cancer-free community, it is essential to implement sustainable and enduring changes. The PSE framework guided the development of activities, partnerships, and programs designed to create permanent or long-lasting cancer control resources.

### Traditional Public Health

Traditionally individual level

Often results in only short term behavior change

Requires ongoing support



### PSE change

Community/population level

Produces longer-term behavior change

Sustainable

## Why PSE Change?

PSE changes aim to make lasting improvements by focusing on the broader factors that impact health. Instead of just teaching individuals or offering direct services, PSE approaches work on changing the systems and environments where people live, work, and play, making healthy choices easier and more available.

Policy changes involve updating laws or rules to support health. Systems changes improve how organizations operate to promote better health. Environmental changes modify physical or social surroundings to encourage healthier behaviors.

By using PSE approaches, the program moves beyond focusing on individual actions and direct services. Instead, it creates long-lasting systems and policies that support healthy behaviors, benefiting both current and future generations.

Squaxin Island's Salish Roots farm stand





## COMMERCIAL TOBACCO

**GOAL:** By 2034, reduce adult commercial tobacco use from 38% to less than 30%.

### Objective: Support Tobacco Cessation

**Knowledge:** Train staff on culturally tailored cessation strategies.

**Knowledge:** Provide education on nicotine replacement therapy at community events.

**Policy:** Develop workplace policies to support and incentivize cessation.

**Systems:** Expand tobacco use screening and referrals in tribal clinics.

**Systems:** Connect patients to programs that reduce out-of-pocket costs and provide evidence-based cessation resources.

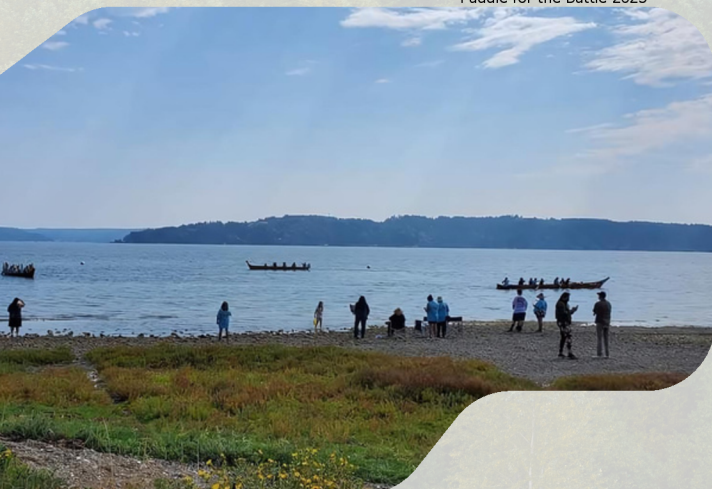
### Objective: Tobacco-Free Policies

**Policy:** Develop workplace policies to hold meetings in smoke-free spaces.

**Policy:** Partner with tribal communities to develop and implement policies for smoke/vape-free indoor and outdoor recreational spaces.

**Environmental:** Increase tobacco-free signage in public spaces.

Paddle for the Battle 2023



## ENVIRONMENTAL

**GOAL:** By 2034, increase dissemination of educational messages about environmental health pollutants from 0 to 10.

### Objective: Reduce Environmental Exposure

**Knowledge:** Increase awareness of harmful air, water, soil, food, and material pollutants to include exposure reduction and mitigation.

**Environmental:** Support partner organizations and local initiatives to reduce harmful pollutants found in homes, workplaces, and outdoor environments.

**GOAL:** By 2034, increase use of sunscreen in adults 18+ from 40% to 65%. (CWS PY-1)

### Objective: Improve Sun Protection

**Knowledge:** Implement tailored awareness campaigns at outdoor cultural events and activities.

**Environmental:** Install sunscreen dispensers at outdoor recreational areas.

**Environmental:** Support the addition of shaded structures in places where people work and play outside.



# Preventing Cancer

Pictured: Richard Culp, Aryn Culp, Davin Culp

## MEN'S WELLNESS

**GOAL:** By 2034, increase the percentage of men who reported their general health being good from 79% to more than 84%. (CWS PY-1)

### Objective: Facilitate a Men's Health Campaign

**Knowledge:** Utilize community developed metaphors and stories to motivate men to prioritize their health.

**Systems:** Assess community norms and implement a tailored men's wellness campaign to include traditional values and family.

**Systems:** Facilitate trauma-informed, cultural responsiveness, and applicable procedural training to men's health providers.

## NUTRITION AND PHYSICAL ACTIVITY

**GOAL:** By 2034, increase daily consumption of fruit from 56% to 60% & vegetables from 31% to 40%. (CWS PY-1)

### Objective: Promote Nutritional Awareness

**Knowledge:** Implement tailored awareness campaign about the benefits of nutrition and traditional foods for cancer prevention.

**Environment:** Provide permanent signage in workplaces, schools, and parks to promote healthier food choices.



### Objective: Support Tribal and Traditional Gardens

**Systems:** Assess resources for traditional and tribal gardens, promoting them through existing events and publications.

**Environment:** Expand tribal gardens to increase access to fresh fruits and vegetables for tribal members.

**GOAL:** By 2034, increase percentage of adults who reported participating in physical activity from 76% to 80%. (CWS PY-1)

### Objective: Increase Knowledge and Awareness

**Knowledge:** Improve awareness of benefits for exercise and healthy body/food/spirit.

### Objective: Increase Access to Recreational Spaces

**Policy:** Work with tribes to establish workplace policies that encourage tribal employees to be physically active and include all ability levels.

**Systems:** Build action plans with tribal community members to implement walking groups or community fitness challenges.

**Environment:** Improve recreational spaces by adding outdoor fitness equipment and interactive signage.

**Environment:** Improve outdoor spaces to provide ADA accessible and safe areas for physical activity including playgrounds, sidewalks, and designated areas for walking and sports.



# Preventing Cancer

Shoalwater Bay Tribe Mother's Day 2024 Pictured: Richard Culp

## YOUTH AND TEENS

**GOAL:** By 2034, increase youth ages 9 to 24 who have received at least one dose of the HPV vaccine by 5%.

### Objective: Increase Knowledge of HPV Vaccine and HPV-Related Risks

**Knowledge:** Provide culturally tailored provider education at tribal community and youth events.

### Objective: Strengthen Healthcare Provider Recommendations

**Policy:** Assess current policies at tribal clinics and collaborate on provider education and training to facilitate HPV vaccination conversations that include cultural concerns and allow time for informed decision making.

Amilia Smith and Alivia Longshore, Skokomish Tribe



**GOAL:** By 2034, increase use of sunscreen in youth by 3%.

### Objective: Increase Sunscreen Use

**Policy:** Partner with youth programs to implement policies for sunscreen use and limited sun exposure.

**Systems:** Provide sun safety curriculum, resource bags, and tailored awareness campaigns at youth cultural events.

**Environmental:** Provide sunscreen dispensers at outdoor recreational areas.

**GOAL:** By 2034, decrease the percentage of youth who report using nicotine by 3%.

### Objective: Reduce and Prevent Teen Smoking

**Knowledge:** Change social norms to break the cycle through culturally tailored awareness campaigns for youth and adults.

**Systems:** Work with partners to increase the availability of commercial tobacco and vape addiction prevention education to Native youth.

**Systems:** Support school-based programs and resources to reduce teen smoking/vaping.



# Early Detection

Shoalwater Bay Tribe Breast Cancer Awareness 2023

## ACCESS TO CARE

**GOAL:** By 2034, decrease the percentage of community members who experienced barriers that delayed medical care from 40% to 30%.

### Objective: Facilitate Timely Access to Screening

**Policy/Systems:** Increase appropriate screening referrals through implementation/improvement of patient and provider reminder systems.

**Systems:** Partner with tribal health clinic staff to reduce structural barriers (e.g. service delivery setting, clinic hours, financial burden, transportation) to colorectal, lung, prostate and skin cancer screenings.

**Systems:** Connect with specialty care providers and clinics to expand referral network and pathways for Indigenous patients.

**Systems:** Seek funding to support expansion of patient navigation to all cancer types and for all tribal members.

**Systems:** Disseminate educational materials sensitive to Two-Spirits to reduce barriers and increase screening rates.

### Objective: Increase Cancer Screening Rates

**Knowledge:** Provide tailored awareness campaign about HPV-related cancers to include importance of regular dental visits.

**Systems:** Promote the use of evidence-based media strategies to increase cancer screenings rates. (e.g. small media, Good Health TV, local champion stories).

### Objective: Support Provider Education

**Knowledge:** Provide training, education, and technical assistance to providers and patient navigators on cancer screening recommendations, eligibility, and early detection.



### Objective: Provide Community Education

**Knowledge:** Facilitate community health education to include Cancer 101 training, coping skills, stress reduction, depression, understanding family health history, and other needed topics identified by the community.

**Knowledge:** Provide culturally tailored groups and one-on-one education to motivate community members to seek screenings and remain aware of changing recommendations. Make traditional language a priority in all educational materials.

**Systems:** Strengthen partnerships and increase frequency of youth education to normalize early screening.

## NWWP PARTNERSHIP

**GOAL:** By 2034, have increased the number of women screened annually through the Native Women's Wellness Program by 5% each year.

### Objective: Partner with the NWWP

**Systems:** Reduce structural barriers (e.g. service delivery setting, clinic hours, financial burden, transportation) to breast and cervical cancer screening.

**Systems:** Support NWWP Patient Navigators by providing training, education, and resources to increase community breast and cervical cancer screenings.

**Systems:** Maintain partnership with the NWWP for events, messaging, and activities promoting breast and cervical cancer screenings.



# Early Detection

Colon Cancer Awareness Month 2024

## BREAST CANCER

**GOAL:** By 2034, increase access to breast cancer screenings to detect at least 80% of all breast cancers at stage 1 or 2. (DOH)

### Objective: Increase Family History and Risk Awareness

**Knowledge:** Provide community education promoting breast self-exams and screening options to all adults having breast tissue to include men and Two-Spirits.

**Policy:** Support utilization of genetic counseling and testing services for breast cancer patients by providing education, referral policies, and cost-reduction resources.

**Systems:** Increase the use of risk assessment tools and high-risk screening options (e.g. MRIs) through electronic health record integration, forms revisions, and community education.

## CERVICAL CANCER

**GOAL:** By 2034, reduce the percentage of women ages 21-65 who have never had a cervical cancer screening or not within the last 10 years from 15% to 12%. (CWS PY1)

### Objective: Increase Screening Rates

**Systems:** Assist tribal clinics in building screening capacity and expand existing Pap-A-Thons.

**Systems:** Support tribal health clinics to expand the awareness, implementation, and utilization of approved self-administered HPV testing.

**Systems:** Facilitate trauma-informed, cultural responsiveness, and applicable procedural training to women's health providers.



## COLORECTAL CANCER

**GOAL:** By 2034, increase the percentage of adults age 45+ who are up to date on their colorectal cancer screenings from 69% to 75%. (CWS PY1)

### Objective: Increase Community Awareness

**Knowledge:** Utilize interactive education such as SPIPA's inflatable colon and community member PSA videos to raise awareness about screening.

**Systems:** Support alternative screening methods by providing access and instructions on home stool-based testing and approved blood tests for average risk patients.

### Objective: Increase Provider Education and Patient Interaction

**Policy:** Support the development of clinic policies and resources that increase the number of patients being assessed for family history and counseled on colorectal cancer screening recommendations.

**Systems:** Increase colorectal cancer screening rates through automated patient and provider reminder systems for all screening options.



# Early Detection

## LUNG CANCER

**GOAL:** By 2034, raise awareness about early signs of lung cancer in order to detect at least 80% of all lung cancers at stage 1 or 2.

### Objective: Increase Screening Access

**Knowledge:** Educate community members on lung cancer screening eligibility, self-referrals, and provider conversation guides.

**Systems:** Connect patients to insurance and increase knowledge of lung cancer screening coverage.

**Systems:** Track and expand referral networks for lung cancer screening programs and locations.

### Objective: Provider Education

**Knowledge:** Increase the number of tribal clinic providers trained in identifying people at high risk of lung cancer.

**Policy:** Implement clinic policies to screen and refer all eligible patients for lung cancer screenings.

## SKIN CANCER

**GOAL:** By 2034, increase the percentage of adults who have received a skin cancer screening from 37% to 40%. (CWS PY-1)

### Objective: Provide Education for Self Exams

**Knowledge:** Implement tailored awareness campaigns, graphics, and self-body check resources at tribal events.

**Systems:** Work with tribal sites to include Sun Safety information in community-wide communication platforms.

### Objective: Increase Access to Skin Cancer Screening

**Policy:** Work with tribal providers to recommend skin cancer screening to patients at every visit to decrease missed opportunities.

**Systems:** Collaborate with tribal clinics and partners to increase access to skin cancer screening opportunities.

## PROSTATE CANCER

**GOAL:** By 2034, increase percentage of men 50 and older who have received a prostate cancer test within the past 2 years from 33% to 37%. (CWS)

### Objective: Promote Prostate Cancer Screening Awareness

**Knowledge:** Provide prostate cancer education at tribal events to promote self-advocacy and knowledge of prostate-specific antigen (PSA) test recommendations and limitations.

**Knowledge/Systems:** Provide education/training opportunities to tribal health clinic providers and staff on prostate wellness and informed decision-making.

Breast Cancer Awareness Drive at the Chehalis Tribe 2020





# Survivorship

## TREATMENT

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**GOAL:** By 2034, provide support to 100% of survivors who are referred to patient navigation.

### Objective: Increase Cancer Treatment Support

**Knowledge:** Provide education on the side effects of cancer treatment including chemotherapy and radiation.

**Systems:** Increase education and resource sharing to those newly diagnosed to include companion cards for appointment transportation and resources.

**Systems:** Utilize key informant interviews and survivor needs assessment to better understand and support survivors.

**Systems:** Connect patients to Indigenous cancer centers and specialty care providers.

### Objective: Increase Financial Support and Understanding of Healthcare Coverages

**Systems:** Develop a survivorship financial resource guide for each consortium tribe.

**Systems:** Increase the number of referral systems in place to enroll patients into insurance plans to cover treatment costs.

### Objective: Increase Patient Navigation to Survivors Going Through Treatment and Follow-Up Care

**Policy:** Provide clinic staff with annual, up-to-date, and culturally tailored training to support survivors.

**Systems:** Support Patient Navigators and clinic nurses capacity to follow-up with survivors routinely to ensure understanding in their diagnosis, treatment plan, and recommended follow-up care.

## SURVIVORSHIP

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**GOAL:** By 2034, provide resources and support to survivors throughout the cancer continuum at 100% of the consortium Tribes.

### Objective: Increase Participation in Cancer Survivorship Support Programs

**Systems:** Develop and sustain training and resources to survivorship program leaders.

**Systems:** Establish and promote cancer survivor support programs.

**Systems:** Increase collaboration with mental health organizations to provide mental health support and education.

**GOAL:** By 2034, increase cancer survivors' overall general health from 77% to 85%. (PY-1 CWS)

### Objective: Support Healthy Lifestyles Among Cancer Survivors

**Knowledge:** Utilize commercial tobacco prevention and cessation education to reduce the number of cancer survivors who use commercial tobacco.

**Knowledge:** Create an awareness campaign on healthy living (nutrition, exercise, stress reduction, depression, cancer screening) during and after treatment.

**Systems:** Increase survivor wellness by connecting survivors to traditional healers and nutritionists.

**Systems:** Support the development of individualized nutrition plans for cancer survivors.



# Survivorship

## Objective: Hold a Biannual Cancer Survivor and Caregiver Conference

**Systems:** Hold a biannual event to provide cancer survivorship support and education that includes healing rooms and culturally appropriate activities.

**Systems:** Develop survivor/caregiver needs assessments to disseminate at biannual conference to guide program efforts and inform community of survivor wellness indicators.

**Systems:** Develop and utilize a culturally appropriate Survivorship Manual.

Spiritual Photo provided by Bobbie Bush, Chehalis Tribal Elder



## TRANSITIONAL CARE

**GOAL:** By 2034, ensure access to culturally appropriate transitional care services.

## Objective: Increase Access to Quality Comfort and hospice care

**Knowledge:** Learn and recognize each tribal community's unique beliefs and practices that guide the transitional phase.

**Policy:** Provide timely referrals and connections to community-based spiritual and transitional care services.

**Systems:** Increase partnerships with community-based spiritual leaders.

**Systems:** Connect patients to resources that reduce structural and financial hardships.

Squaxin Island Tribe 2nd Annual Color Run 2024 Pictured: Joanne Decicio, Gloria Hill



## CAREGIVER SUPPORT

**GOAL:** By 2034, ensure caregivers of cancer survivors receive support and resources.

## Objective: Provide Support and Education to Family and Caregivers

**Knowledge:** Assess needs and create fact sheets on mental health, nutrition, physical activity, and caregiving.

**Knowledge:** Support a workshop for caregivers on grieving and "letting go."

**Systems:** Support the development of a caregiver workgroup at each tribe.

**Systems:** Support the re-development of SPIPA Cancer 101 Training for survivors and caregivers.

Nisqually Breast Cancer Awareness Walk 2024 Pictured: Donna Azure





# Get Involved



Scan  
for more  
information

## SPIPA Advisory Committee: Working Together to Save Lives

The SPIPA Advisory Committee is dedicated to reducing the burden of cancer among the American Indian/Alaska Native (AI/AN) communities served by SPIPA. The mission is to collaborate with tribal leaders, community members, tribal clinic staff, SPIPA staff, and other tribal and community organizations to create and implement effective cancer prevention and control strategies.



### What We Do

The committee meets bi-monthly to plan, implement, and oversee activities that align with the comprehensive cancer plan. We play a crucial role in the development and maintenance of this plan, ensuring it meets the unique needs of tribal communities.

In addition to planning, we focus on educating the community about cancer prevention, early detection, and support for survivors, aiming to catch cancer at the earliest possible stage and prevent its occurrence.

### Who We Are Looking For

We invite SPIPA consortium tribal leaders, community members, tribal clinic staff, SPIPA staff, and other organizations interested in reducing the impact of cancer within our communities to join us.

Your insights and dedication can make a significant difference in this collective effort to save lives.

### How to Join

If you or your organization is interested in contributing to this vital work, we encourage you to become a member of the SPIPA Advisory Committee. To express your interest, please complete the Committee Member Request Form available at SPIPA's website or contact us directly.



360.426.3990



[spipa.org](https://spipa.org)





# Partnerships

## An analogy provided by Chehalis tribal member Bobbie Bush to illustrate how partners adapt to achieve their desired outcomes.

Looking back on the year and beginning to release or realize expectations as being met or unmet, we think "How can we strengthen connections in this convening with our real-life work? We are a team, and each team member has a role to contribute. To illustrate what is meant, here is a visual of some materials. If you saw these things sitting in a box, or container of some sort, you may think, "What a mess. I should clean these up, put them in the compost or burn pile." If you did that you would miss the beauty of what could be created in the right hands, in the correct sequence, with the tools we already have.



Picture of Cousin John gathering cattails.



A Picture of bark, cat tails, raffia, and other loose basket materials.

These items look like a big mess. Using some strategy, planning, collaboration, and skill a team member would be able to pick these up and begin to weave a basket. Each part provides a means of expression to the team member or members who are trying to weave the pieces together.

1) first stage, 2) second stage, 3) third stage and 4) beginning up the sides, as the basket emerges from the skilled hands and intentions of the weaver, change is sometimes necessary. A warp out of place and the basket loses structure and strength, a weft that misses a warp and the pattern of beauty is disrupted, the outcome will not be as intended.

So, it is through coordinated and well thought out intentions, coupled with skill and desire that a weaver begins a basket. Continued focus and effort are crucial to the development of the structure and quality of the basket. Additional materials or strategies may be needed to bring the endeavor to its desired outcome.

If all the materials are equally employed, equitably utilized, and allowed emergence of the object in creation, then the potential for the fulfillment of the vision of the creator is enabled.

Efforts focused, materials prepared, designs drafted, skills learned, and contributions of the parts to the whole will be finalized in a desirable outcome, coveted and worth more than just the monetary value placed on it; like the outcomes we hope for our students in fulfillment of the academic and life goals.



Picture of beautiful baskets.

*Analogy transcribed by Bobbie Bush*

*Original Analogy by: Leona Miller from Skokomish*



# Authors and Contributors

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# Partner Organizations



**Mason County  
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## UW Medicine







Art digitized by: Beading Hearts by Madison, Shoalwater Bay Tribal Member



*Reflection of the Wolf*

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