

# NEBRASKA CANCER COMMUNITY HEALTH NEEDS ASSESSMENT: Native American Listening Session Summary

August 2022

K. L. Rathnapradipa, K. Napit, L. L. Luma, & S. Watanabe-Galloway

Three listening sessions were conducted among Native American cancer survivors and caregivers (Urban Indian-Lincoln, Urban Indian-Omaha, and Ponca Tribe). Perceptions of overall community health were mixed but generally good (Fig 1). Cancer is an important health concern (Fig 2).

Most participants receive cancer-related information from healthcare providers, family or friends, and/or the internet. Other sources include pamphlets, health fairs, and media. For most participants, health care providers are the most trusted source of cancer information, but this varied by listening session.

## Cancer Treatment Experience

Some family members lacked details about their elders' cancer experiences, indicating they were "very private" or "secretive" about health issues. A "we can take care of ourselves" mindset made it difficult for family members to convince elders to seek treatment. Many examples of cancer diagnosis resulted from treatment for symptoms that were not suspected as being related to cancer. People who were allowed to ask questions and get information about the diagnosis and treatment reported positive experiences, but "It just depends on what clinic you go to...how professional they're going to be." Barriers to cancer care included: cost and insurance, long distances/transportation, limited availability of support services, and cultural attitudes related to the stigma of talking about cancer and elders not seeking medical care.

## Colorectal Cancer Screening

Factors impacting colorectal cancer screening included a lack of information and awareness about both colorectal cancer and how to screen for it. Some participants indicated that their physician did not recommend screening. Participants were mostly aware of colonoscopy as a screening method,

and to a lesser extent, people were aware of stool-based tests. Barriers to colonoscopy relate to the cultural "perception of manhood" and "being too macho" to need it, as well as embarrassment and treating the issue as a joke. Others are concerned about the prep, although another participant indicated that "the colon test itself is so easy. You just go to sleep and it's done." Cost and insurance coverage are other barriers.

Suggestions to improve colorectal cancer screening included mailed flyers or brochures with pictures and easy to understand explanations, the use of humorous or goofy billboards, educational materials in clinics, health fairs, and use of social media. Participants suggested having people in the community share their success stories of being screened and treated for colorectal cancer, and "stressing the importance of getting checked" to "catch it in time" when it is treatable.

Figure 1. Overall health status of the community is Good

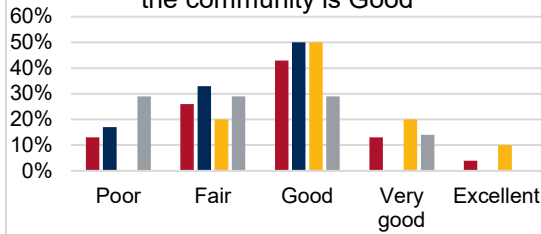
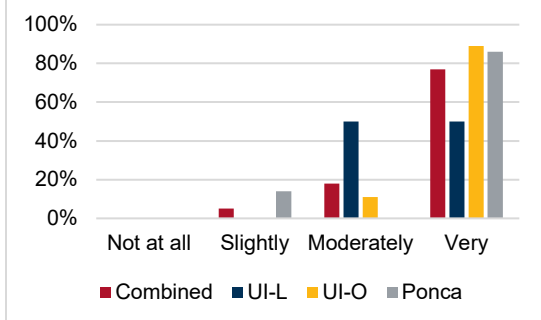


Figure 2. Cancer is an important community health concern



## Recommendations

- Need for more navigators to help patients and families manage appointment scheduling to avoid treatment delays.
- More support services are needed (such as mental health counseling, financial, nutrition, physical therapy, scheduling)
- Increase availability of cancer support groups, for survivors and caregivers, geographically and for different age ranges
- Integrate traditional and Western medicine
- Sensitivity training for hospital staff and providers to address discrimination
- Encourage elders to seek medical care before symptoms are too severe to treat
- Education to decrease stigma associated with cancer diagnosis
- Sharing survivor stories to address perception that cancer is a "death wish"
- Research about potential environmental exposures
- Research about traditional healing methods

"What is colorectal cancer? What is the screening for colorectal cancer?"

"It's good to be checked. You get to a certain point in your life, you've got kids, you want to see them graduate."