B. PROJECT OVERVIEW

Project Name:
Fighting Cancer in Wisconsin's American Indian Communities

HWPP Project Number:
2011D-19

Without exceeding this one (1) page, briefly describe your project and partnership.

The overall goal of the proposed study is to build the public health capacity of Wisconsin's rural and urban AI communities and clinics to accurately target and culturally tailor specific cancer programs and services. Such capacity will empower tribal communities and clinics to target prevention efforts, enhance the quality of life of cancer patients and families, and install culturally appropriate survivorship care plans. As our partner, the Red Cliff Tribal Clinic director stated: "When local communities have the data, then action is taken in the community to address those needs." To accomplish our goal, our academic-community partnership will carry out the following specific aims: (1) To identify the cultural/community and clinical contexts of cancer knowledge, communication, and care at two partner sites (the Red Cliff reservation with the Community Health Center, and the Milwaukee urban Indian community with the Indian Health Clinic in Milwaukee); in short, what do members of these communities know about cancer, how do they communicate about the disease, and what do they do about it? We will achieve this aim by conducting qualitative research (community readiness assessment) at each site, to include in-depth semi structured interviews, key informant interviews, and focus groups. (2) To develop a timely and accurate, routine and reciprocal reporting process for use by the WCRS and two tribal health clinics. We will use qualitative methods to identify both cultural and systems-based barriers to routine and accurate reporting at both local and referral clinics. The identification of these barriers requires the direct input of the local community members as well as clinical staff involved in the new reporting system. Using that information, we can then establish appropriate training protocols. Next, we will ascertain the routine procedures for the collection of suspected cancers as well as procedures for reporting complete and accurate data back to the clinics once the state registry has received the clinic reports. (3) To pilot and evaluate the feasibility of implementing the reporting process designed in Aim 2 at two tribal clinics, accomplishing this by training the appropriate personnel at each site in Bayfield and Milwaukee counties utilizing rigorous process and outcome evaluation methods to ensure fidelity across the sites. Our overall goal, specific aims, and community-based participatory research approach align considerably with the HWPP health improvement priorities by 1) building tribal capacity to improve the health and quality of life of cancer sufferers and their families; 2) strengthening cancer reporting systems so that tribes can make evidence-based decisions about programs and services; 3) reducing cancer disparities for Wisconsin's American Indian population, both urban and rural; and 4) reducing cancer risk and improving quality of life among American Indians by including, when appropriate, attention to issues of nutrition, physical activity, tobacco use, and other factors that aid in cancer prevention or improvements in quality of life for those diagnosed. If we determine that the reporting process is 1) acceptable to our study partners and 2) leads to accurate and timely reporting, we will submit a subsequent Impact Project to support broader implementation across a larger sample of tribal health clinics in Wisconsin. We have built a strong partnership foundation for the proposed project. We have benefitted not only from the WCRS – IHS linkage, as well as the UW Spirit of EAGLES' Cancer Reporting and GLNARCH projects, but also the quality partnerships built amongst these partners through these previous projects. Both Red Cliff Community Health Center and Gerald L. Ignace Indian Health Center continue to be strong partners in efforts to improve cancer surveillance in WI American Indian clinics. For example, GLITEC provided the epidemiological analysis for the GLNARCH project and has actively worked with both Red Cliff and Gerald Ignace to increase local data capacity and improved data quality during GLITEC's history over the past 14 years. In addition to building on these past projects, we have established a strong communication framework based upon nominal group process and consensus. We have had several group conference calls and in-person meetings so far and intend to assemble the full study team if invited to submit a full proposal. We will continue to meet regularly through conference calls.