Community Centered Women’s Health: Success Stories from Three Urban Indian Health Organizations
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For more information about the WEAVING Project, visit the website www.theweavingproject.org

Urban Indian Health Institute, (p) 206.812.3030
Seattle Indian Health Board (f) 206.812.3044
P.O. Box 3364 (e) info@uihi.org
Seattle, WA 98114 (w) www.uihi.org

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The WEAVING Project is pleased to work with the urban Indian health organizations and the NBCCEDP-funded state programs. We thank you for the excellent work you do on a daily basis to support the health and well-being of your communities.

A special thanks to the Urban Inter-Tribal Center of Dallas, Dallas, TX for sharing about their success with Mobile Screening, Passionately Pink and Ambassador for Breast Health Wellness.

A special thanks to the Native American Rehabilitation Association of the Northwest, Inc., Portland, OR for sharing about their success with Saturday screening days.

A special thanks to the NATIVE Project, Spokane, WA for sharing about their success with making a local breast and cervical screening public service announcement.
The WEAVING Project (WEAVING Resources for Urban Indian Women’s Wellness) is a breast and cervical cancer screening project of the Urban Indian Health Institute, Seattle Indian Health Board. The primary goal of the WEAVING Project is to help increase the number of urban American Indian and Alaska Native (AI/AN) women who receive breast and cervical cancer screening services. To achieve this goal, the WEAVING project provides technical assistance services to urban Indian health organizations (UIHO) and National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded state programs. The WEAVING Project is funded through cooperative agreement by the Centers for Disease Control and Prevention (CDC), NBCCEDP.

The following monograph was developed by the WEAVING Project as an opportunity to document examples of breast and cervical cancer screening success stories at urban Indian health organizations (UIHO). The success stories featured here represent just a few examples of the extraordinary work that UIHO conduct every day, using successful, innovative and impactful strategies to reach and provide services to women in their community.

We hope these success stories are informative and inspirational to programs nationwide, and help to support efforts of outreach, collaboration and partnership.

**BACKGROUND**

**Introduction**

Priority populations for NBCCEDP outreach are identified as women at increased risk of developing cancer and include:

- older women (breast cancer screening)
- women rarely or never screened (cervical cancer screening)
- racial and ethnic minority women

For more information on the NBCCEDP, please visit: [www.cdc.gov/cancer/NBCCEDP/](http://www.cdc.gov/cancer/NBCCEDP/).

**About the Monograph**

Diffusion of successful community based public health practice is an essential component of eliminating health disparities within urban AI/AN communities. Urban Indian health organizations may benefit from knowledge sharing with one another - comparing strategies, ideas, and collaborating to develop innovative solutions to public health needs. While the successes and challenges faced by agencies are diverse, we hope that sharing these experiences will illuminate the critical work of the UIHO in addressing the health care needs of urban AI/AN women. Additionally, we hope the stories featured in this community monograph provide programs with examples of outreach that may be replicated within their communities.

This monograph features success stories from three UIHO, each unique in their efforts to increase the number of AI/AN women who receive breast and cervical cancer screening. Participating UIHO include the N.A.T.I.V.E. Project in Spokane, Washington, the Native American Rehabilitation Association of the Northwest, Inc. in Portland, Oregon, and the Urban Inter-Tribal Center of Texas, in Dallas, Texas.
About Urban Indian Health Organizations

Established through Congress under Title V of the Indian Health Care Improvement Act in 1976, UIHO are independent, not-for profit entities with urban AI/AN majority boards of directors. UIHO vary in size and services provided, from referral/outreach sites to major medical and dental clinics. UIHO serve individuals in approximately 102 counties in 19 states (Figure 1).

Figure 1: U.S. Map with UIHO locations listed.

Table 1 provides information on urban AI/AN women by age group who reside in the combined service area counties of the 34 UIHO. Age groups are listed due to their relevance to the NBCCEDP program’s eligibility criteria and priority populations for screening.*

Table 1

<table>
<thead>
<tr>
<th>Urban AI/AN Women in the 19 States with UIHO, by Age Group</th>
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<tbody>
<tr>
<td>Total (all ages)</td>
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<tr>
<td>Ages 18-64 years</td>
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<tr>
<td>Ages 40-64</td>
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<tr>
<td>Ages 50-64</td>
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*U.S. Census 2000
The N.A.T.I.V.E. Project:
The N.A.T.I.V.E. Project/ N.A.T.I.V.E. Health
1803 W. Maxwell
Spokane, WA 99201
509-325-5502 (Phone)
509-325-9839 (Fax)

The N.A.T.I.V.E. Project: A local urban Indian Public Service Announcement

According to the 2000 U.S. Census, Spokane has the 8th largest urban Indian population in the United States with over 13,000 Indians.* Our patients come from over 200 different Tribes. At least 80% of the Indian population in Spokane County lives below the poverty level. Fully 20% of our patients are homeless; nearly three times the rate in Spokane County as a whole.

Approximately 34% or our patients have no health care coverage or have minimal coverage (e.g. no pharmacy, high deductibles, etc.). Patients and their families often must make the decision to obtain health care or pay the rent.

*U.S. Census 2000

About The N.A.T.I.V.E. Project/ N.A.T.I.V.E. Health

NATIVE Project is an urban Indian 501 (c)(3) non-profit organization operating in the West Central neighborhood of Spokane, Washington. Incorporated in 1989, NATIVE Project provides a variety of services. Operating as a Federally Qualified Health Center (FQHC) and a Title V Urban Indian Health Clinic, NATIVE is one of the 34 urban Indian health clinics located in the United States. NATIVE Health serves a predominately American Indian/Alaska Native (AI/AN) population. NATIVE Health has more than 6,000 individuals on its patient rolls and sees over 4,200 patients per year.

Many of our patients suffer from the same health conditions that are prevalent throughout Indian country including disproportionately high rates of diabetes, substance abuse, and mental health issues such as depression and anxiety. Other program offerings include: pharmacy, dental, Indian Child Welfare Program, Indian Community Wellness Program, Indian Youth Leadership Program, Summer Youth Program, Youth Gang and Violence Prevention program and other prevention/education initiatives.
Women’s Health Program

NATIVE Project/NATIVE Health offers many different aspects of a breast and cervical cancer outreach and screening program. We are a full service medical clinic providing breast exams and women’s health exams on-site. Additionally our agency provides colposcopies and colon cancer screening. While we do not provide mammogram screens on-site, we do partner with Providence Health Services to bring the mobile mammogram coach to our clinic parking lot and schedule women for that service.

For clients that do not have insurance, we offer a sliding scale payment program. In addition we have a grant from the Eastern Washington Susan G. Komen foundation that helps fund mammograms for uninsured or underinsured women. We are also able to cover re-screens and ultrasounds through this grant. Through our contract with the local Spokane Regional Health District, we are able to provide free pap and breast exams and mammogram screening. This contract also will pay for biopsy if necessary.

When we have the mammogram mobile unit at the clinic, we do a Women’s Health Clinic day to provide information, snacks and incentive gifts for the women involved. We have also developed a PSA regarding breast cancer awareness for American Indian/Alaska Native women (using local Indian women survivors) and a podcast which is located on our website, www.nativeproject.org. Mammograms and other health screenings are often not covered in insurance plans and in 2005 only 16% of our population had received regular mammograms according to our GPRA reporting. By 2010, this has been increased to over 46%.
SERVICES OFFERED

- Primary and preventive care for children, adolescents, adults, and elders
- Sports physicals
- Child check and immunizations
- Women’s health care
- Health education and chronic illness management
- Treatment of minor injuries and infectious diseases
- Behavioral Health Counseling
- Case Management and community outreach
- Lab services
- Referrals to specialized health providers
- Diabetes management, treatment, and support groups
- Registered dietitian

The Success Story

Our story really starts with the recognized need to bring a mobile mammogram unit to NATIVE Project/NATIVE Health, an urban Indian health clinic located in Spokane, Washington. We had the mobile unit come to our old clinic that was in a different location than our main building. It was the local hospital that owned the mobile unit that managed the scheduling. No-shows were plentiful and women did not always feel welcome. Once we moved into our own building in 2007, we were able to offer services twice per year on a regular basis. We took over the scheduling and currently offer a Women’s Health Day with information booths, a luncheon and free incentive gift bags. We wanted to be able to better promote the activity and a local Native woman agreed to narrate a Public Service Announcement for us featuring the NATIVE Health Clinic and the services we offer.

This made many of our staff and patients more aware of the mobile mammogram van. Some of our staff are breast cancer survivors and felt comfortable talking about it and sharing their experience. The next time the van came, we had a cancellation and one of our Native staff was able to get a last minute mammogram. As a young woman and the mother of a six year old, it was her first screening mammogram. It turned out that she had a positive screening. She was diagnosed with stage-4 breast cancer. If she had not received a mammogram that day, she likely would have put it off for sometime in the future. She worked with her doctors on her treatment and today she is cancer-free. We are eternally grateful for the environment in our clinic and believe that this remarkable facility encourages screening. We are also grateful that our collective efforts worked to ensure the health of our fellow employee. This is our success and one we celebrate daily. We know there are other women like her in our community and we, with intensive outreach, education, advocacy, and screening, will be able to save other precious Indian women in our lives!

To see N.A.T.I.V.E. Project PSA and other videos visit, www.youtube.com/user/NATIVEproject
The Native American Rehabilitation Association of the NW, Inc. : Saturday Screening Clinic

About NARA NW, Inc.

The Native American Rehabilitation Association of the NW, Inc. (NARA NW) is located in Portland, Oregon and was formed in 1970. The mission of NARA NW is to provide education, physical and mental health services and substance abuse treatment that is culturally appropriate to AI/AN and other vulnerable people. NARA originally started as a men’s alcohol and drug, in-patient treatment center. Today, NARA consists of the Residential Treatment Center with services for men, women and children age 5 and under whose parents are involved in the residential treatment. Additionally, NARA runs an Outpatient Treatment Center, a Family Wellness Program, and a Medical Clinic. Services provided include alcohol & drug treatment, outpatient treatment, medical care and family wellness services to eligible AI/AN peoples. Throughout 2010, NARA will be celebrating their 40th year of service to their AI/AN clients and other vulnerable populations including the homeless.

Women’s Health Program

NARA’s BCCP is an integral part of the NARA clinic. The BCCP program was started in 1996, and is funded through the Center for Disease Control and Prevention (CDC). This last 5 years, NARA has also received funding through the Susan G. Komen for the Cure, Oregon & SW Washington Affiliate, to support community outreach efforts. The BCCP provides screening services for Pap Smears and Mammograms to women who are low income, under-insured, uninsured, American Indian/Alaska Native (AI/AN) women in the state of Oregon and SW Washington. Eligibility for the BCCP program includes AI/AN women between the ages of 18-64 for a Pap Smear, and 50-64 for mammograms (this is our target population for the CDC grant). The BCCP program provides screening services to approximately 525 women per year who are eligible under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grant for Pap Smears and approximately 250 women per year who are eligible under the NBCCEDP grant for Mammogram screening services. The NARA clinic also provides Pap Smear and Mammogram screenings for those AI/AN women who do not qualify for the BCCP program.

According to the 2000 U.S. Census, NARA NW’s service area counties have 15,024 AI/AN people, or about 33.2% of the AI/AN population in Oregon.
SERVICES OFFERED

• Primary and preventive care for infants, children, adolescents, adults, and elders.
• Breast and Cervical Cancer Early Detection Program
• Nutritional Counseling
• Immunizations
• Sexually Transmitted Disease (STD) testing
• Education and Treatment
• Well Baby/Child Clinics
• Community Resources
• Parent Care
• OHP Eligibility
• Safety Net
• HIV Testing and Counseling
• Elders programs
• Mental Health Assessments, Therapy, and Counseling
• Native Youth Suicide Prevention Project
• Meth Prevention Project
• Tobacco Prevention and Education Project
• Diabetes Program
• Problem Gambling Project
• Women’s Wellness Program

In the Spring of 2005, the NARA Women’s Wellness Program Director conducted a community-based assessment of barriers to care among hard to reach Native women in order to identify key challenges to breast and cervical cancer screening and follow up care. Additionally, the Women’s Wellness Program assessment investigated reasons why NARA had an elevated “refused care” and “lost to follow up” rate. Through this assessment, staff interviewed twenty-six women. A key finding was that Native women wanted information that was culturally appropriate and viewed in a more holistic approach. Identified barriers included financial and/or health insurance coverage, bad health experiences, pain during procedures, lack of trust/compassion, lack of understanding, cultural views of cancer, fear and denial, access to care, stories from others, shyness and/or self esteem. From this study, identified solutions included offering more one-on-one contact with patients to try to get them in for their screenings. The BCCP staff has a long history of successful in-reach and outreach efforts in the clinic and at community outreach events. Additionally, staff began offering non-traditional hours including three evening clinics per week for those women who are unable to make it in during the regular business hours. The Saturday quarterly clinics were also implemented in 2005, detailed below.

The Success Story

In 2005, the BCCP implemented the Quarterly Saturday Clinics. We have a dedicated female provider and program staff who come in on one Saturday per quarter to provide Pap Smear and/or Mammogram screenings. Since 2007, Bristol Bay Native Corporation (an Alaskan Native Corporation) has given an annual donation to provide a breakfast snack and a lunch during the Saturday screenings. The schedule is filled with women coming in for their screenings and to offset the “no-show” rate, which is approximately 30 – 40 percent, the program staff will double book the first four appointments in the morning and the first three appointments in the afternoon.

Activities for women might include dream catchers, beading, breast lump awareness necklaces, or prayer feathers.
When scheduling these Saturday appointments, the women are informed that there will be a breakfast and lunch provided and are encouraged to spend the morning or afternoon in the clinic (depending on when their appt. is). They are informed that we will have Native arts and crafts (we usually have 2 types of crafts for women to complete) available to make and take home with them. Examples of the types of crafts that have been offered are: dream catchers, medicine bags, beaded jewelry, clothespin dolls which they can make their traditional regalia for, prayer feathers, etc. Taken together, the meals and crafts offer a cultural sharing and a visiting, nurturing, and gathering opportunity for the women and they have expressed that this is important to them. Throughout the day, there are drawings for door prizes, breast cancer bingo with incentives as prizes, and we also give every women who comes in for their screenings extra incentives (this past 2 years we have distributed the “JourneyWoman-A Native Women’s Guide to Wellness” manual and we also give them a breast cancer ribbon cookie cutter and recipe card, and various other incentives).

Often times, we will have women from the community volunteer to come in to share their story as a breast or cervical cancer survivor with the women who are coming in for screening. We also may invite some of our partners in the community to share information or present information on breast or cervical cancer (i.e., Susan G. Komen for the Cure, BreastFriends, or the Native People’s Circle of Hope, a Native cancer support group).

During the morning session of the Saturday clinic, we schedule women who are due for their clinical breast exams and mammograms. When they come into the clinic for their appointment, they will get their Clinical Breast Exam (CBE) and their Pap Smear, then the women are sent to EPIC Imaging, our contracted imaging center, via cab to get their mammogram. The afternoon session is comprised of women who are receiving Pap Smear screenings only.
Each woman who comes in for any screening is given an evaluation to complete after the appointment. Since the inception of the Saturday clinics, all of the women have given positive feedback and many of the women call us when they receive their reminders for screening to reserve a space in the Saturday clinic since they know it will be a positive, fun-filled day.

The Saturday clinics have become very popular and we are finding that we don’t have a problem filling the schedule with women who are due for their annual screenings. We are finding that many of the women who have attended the Saturday clinics in the past are encouraging their mothers, daughters, friends, etc. to schedule an appointment. During our in-reach and outreach events, women who are new to the program are informed that we offer non-traditional hours for screenings. During in-reach and out-reach events, we are pre-screening to make sure that the women qualify for the BCCP program according to CDC’s guidelines.

We would not be able to offer breakfast and/or lunch during the Saturday clinic screenings without the annual donation from the Bristol Bay Native Corporation (BBNC). BBNC has informed us that the donation is an annual commitment. We have also received a donation from a breast cancer survivor who has been donating each year that she is cancer free. This is her fourth year of making a donation to the NARA Women’s Wellness Program.

The grants from the Susan G. Komen for the Cure/Oregon & SW Washington Affiliate and the Centers for Disease Control and Prevention make it possible to offer the outreach in the community and the screening services to our Native population in Oregon and SW Washington. Through the donations and the CDC/Komen grant funding, our breast and cervical cancer program has been very successful in reaching our target population, reaching the numbers that we said we would serve, saving lives of those who are coming in for their annual women’s exam screenings, and raising awareness of breast and cervical cancer in the Native community.

Right, NARA uses a cab service to take women directly from the clinic to their mammogram appointments at EPIC Imaging, NARA’s contracted imaging center.
Urban Inter-Tribal Center of Texas: Mobile Screening, Passionately Pink, and Ambassador for Breast Health Wellness

About Urban Inter-Tribal Center of Texas:

The Urban Inter-Tribal Center of Texas (UITCT) is a 501(c) (3) non-profit Indian corporation with a successful 39-year history of working to improve the health and socioeconomic status of American Indians and Alaska Natives (AI/AN) living in the Dallas/Fort Worth Metroplex. Our facility is located at 209 East Jefferson Blvd. in Dallas, Texas in the section of the city that Census 2000 statistics reveal as having the highest concentration of American Indians. The state of Texas is home to 118,000 tribal citizens making it the fourth largest urban population of American Indians and Alaska Natives (Census 2000). UITCT is the only culturally-sensitive American Indian Center of its kind in the state of Texas. UITCT offers a broad array of services to the AI/AN population such as medical, dental, pharmacy, diabetes care, employment and training, GED assistance, education assistance, mental health and substance abuse counseling, social services, rental assistance, utilities assistance, advocacy services, food pantry and WIC services. Many of our patients cannot afford private medical insurance and live too far away from other tribal or Indian Health Services (IHS) medical facilities to access general health care. Therefore UITCT is extremely important to the wellbeing of our AI/AN women and their families.

Women’s Health Program

UITCT Women’s Health Program provides compassionate, patient-centered care to AI/AN women registered with a federally recognized tribe. The women’s health program also provides patient education addressing health issues that commonly, uniquely, or disproportionately affect women throughout their lifespan.
UITCT is proud to have a “Service Agreement” with the University of Texas (UT) Southwestern Medical Center Mobile Mammography Unit, who has the only digital mammography unit of its type in the southwest region. This state-of-the-art technology is housed in a self-contained 18-wheeler coach designed to look like a standard medical office on the inside. The unit travels to our site every other month to accommodate our AI/AN patients that need their yearly mammogram. Additionally, we collaborate with UT Southwestern Medical Center in providing posters and flyers to promote our mammogram screening events.

The Success Story

Our success story began in 2009 with a phone call from the WEAVING Project! It’s rare to receive a call from another agency that is hundreds of miles away asking how they can help make your Women’s Health Program grow and become successful! Its amazing how one phone call can open the door to many opportunities; in fact that is what happens!

On June 15th, 2009, UITCT hosted a WEAVING Project workshop to discuss breast and cervical cancer screening activities among AI/AN women. This workshop involved key staff from the WEAVING Project, UITCT and the Texas Department of State Health Services, Breast & Cervical Cancer Services program (BCCS). Through this workshop we identified ways we could build capacity in screening more women for breast and cervical cancer and ways we could leverage funding from other sources to optimize health care for our Native women. We realize that more funding is needed for our women’s health program, so we can refer women who have received an abnormal breast and cervical cancer result for additional diagnostic testing. Ms. Imelda Garcia, Branch Manager and Ms. Gina Lawson, Outreach and Education Coordinator from the Texas Department of State Health Services BCCS program were instrumental in providing detailed information about funding opportunities through their program and how to become a contractor. At that point, UITCT workshop participants became very excited about possible opportunities in becoming a BCCS Contractor.

Four weeks after our first face-to-face meeting with the WEAVING Project, staff members we were able to utilize the knowledge and tools we received from the workshop to negotiate with a new agency, UT Southwestern Medical Center, to provide mammography screenings for our Native women. Through negotiations we secured a “Service Agreement” that provides free and dependable onsite digital mammography screenings every other month for our uninsured women that live in Dallas County. The customer service our patients receive during their mammography visit is outstanding and the mobile unit is state-of-the-art. Our women feel like they are in a high-tech medical office, not an 18-wheeler coach.
Last fall, UITCT also put on our very first “Passionately Pink Party” which was a fund-raising event for breast health awareness. This event was held on October 30th, so we decided to have a contest for the best Halloween costume. One of the requirements for the event was everyone had to wear pink. It was at this time we had a special announcement, making Ms. Toni Hitcher, a breast cancer survivor, our first Ambassador for Breast Health Wellness. We presented Toni with an art plaque and bouquet of flowers. Toni also shared with the group some of her struggles and successes, with a focus on looking forward to the exciting events we have coming up this fall. We felt like it was very successful for our first “Passionately Pink Party”. We had 52 men and women attend this event and are expecting even more this year.

“UITCT considers everyday a success because we have more resources available for our women to receive their annual well woman’s checkup”.

After hearing the courageous story of one of our patients that had been diagnosed with breast cancer, her personal struggle, fears, frustrations, medical road blocks, feelings of isolation and the emotional journey she and her family went through, I don’t think there was a dry eye in the room. It was that moment everyone in the room said “we have to do more.” Through her story we realized more could be done to support other women like her and to promote awareness in our urban Indian community about breast cancer.

Left: Presenting Toni, a breast cancer survivor and the first Passionately Pink Ambassador for Breast Health Wellness, with her cake. The Party, close to Halloween, also hosted a Pink Halloween costume contest.
Summary

This community monograph outlines three local strategies of increasing the number of AI/AN women receiving breast and cervical cancer screening. Each community highlighted in this monograph is unique, both geographically and in their approach to serving AI/AN women. What unites each story is the innovation and dedication of the clinic staff, often working with limited resources to address an overwhelming need.

Successful community based strategies are often not represented in the mainstream dialogue of public health practice, making community monographs an essential component of knowledge sharing and information diffusion. This monograph would not have been possible without the support of the Centers for Disease Control and Prevention. Their continued support of this project is greatly appreciated.

A special thanks to contributing authors including the N.A.T.I.V.E. Project staff, NARA staff, and UITCT staff. For more information about the WEAVING project, please visit the WEAVING website at www.theweavingproject.org.
For additional information, or if you have any questions, or concerns, please contact Jessie Folkman, Project Coordinator, Urban Indian Health Institute, at jessief@uihi.org.
Urban Indian Health Institute
Seattle Indian Health Board
PO Box 3364
Seattle, WA 98114
(206) 812-3030 (Phone)
(206) 812-3044 (Fax)
www.uihi.org (Website)
info@uihi.org (E-mail)

N.A.T.I.V.E. Project/
N.A.T.I.V.E. Health
1803 W. Maxwell
Spokane, WA 99201
509-325-5502 (Phone)
509-325-9839 (Fax)

Native American Rehabilitation
Association of the Northwest
1776 SW Madison
Portland, Oregon 97205
(503) 230-9875 (Phone)
(503) 230-9877 (Fax)

Urban Inter-Tribal Center of Texas
209 East Jefferson
Dallas, TX 75203
214-941-1050 (Phone)
214-941-6537 (Fax)