How do Roundtables work? Start at any table you would like and you will have to opportunity to visit the other tables every 15 minutes and in any order that suits you.

1 - Improving AI/AN Cancer Incidence Data in the US
Melissa Jim, CDC Division of Cancer Prevention and Control
Cheyenne Jim, IHS Immunization Program Analyst

Misclassification of American Indian/Alaska Native (AI/AN) as non-AI/AN in cancer incidence has resulted in the underestimation of the disease burden in these populations. We will describe our attempt to address racial misclassification through record linkage and characterize patterns of cancer incidence for 1999-2015 among AI/AN by Indian Health Service (IHS) region. Linkages of IHS patient registration data and data from central cancer registries that are part of the Centers for Disease Control and Preventions National Program of Cancer Registries (NPCR) and the National Cancer Institutes Surveillance, Epidemiology, and End Results Program (SEER) provided evidence that, when reporting national rates, the regional variations were masking the real burden of disease among AI/AN. Routine linkages of cancer registry records with IHS data improve data quality and allow more accurate descriptions of cancer incidence in AI/AN populations. Accurate data is essential for Tribal nations to develop public health strategies and programs to address health disparities.

2 - Maximizing Collaboration to Achieve Collective Impact on Improving Cancer Outcomes Across American Indian Communities
Anne Walaszek and Amber Ruffin, American Indian Cancer Foundation

The American Indian Cancer Foundation (AICAF) leverages resources and minimizes burden on American Indian health systems by addressing the critical strategy of working collaboratively with local, state and national partners to address cancer issues within our communities. AICAF facilitates discussions on barriers and solutions with clinic teams to determine areas of improvement. Through this process, AICAF supports the clinic partner to lead discussions with organizations on how to maximize efforts through collaborative activities. Establishing collaborative efforts with key cancer partners strengthens activities within American Indian health systems and formalizes commitments to address cancer program efforts with state health departments and cancer organizations.

3 - Dine (Navajo) Goes Lasagna
Lishua Gishie, Annette Gonnie, and Kimberly Yazzie, Winslow Indian Health Care Center

In 2016, the Navajo Community Wellness Planning was introduced and implemented at the local level. The outcome was to plan and make proposals to utilize funds generated by the Navajo Nation
"Unhealthy Food Sales Tax." In 2017, the HPDP reintroduced gardening to grow fruit and vegetables using the Navajo traditional and modern methods. The foundation is set by educating on Navajo Star Constellation emphasizing on Deliyeh Pleiades which signifies when it is time to plant. Thereafter, the First Corn Field Story is shared to teach the public on Navajo Indigenous food through the Navajo Wellness Model. Finally, the garden workshops begin with preparing the lasagna garden beds and planting of heirloom seeds. The cultivation and harvesting is reinforced with organic planting. The long term goal is to self-sustain with the Navajo cultural methods and empower the community to harvest and grow their own vegetables and fruits to decrease obesity and other chronic diseases.

4 - Stories from the Field: Native STAND and other Culturally Relevant Sexual Health Resources for AI/AN Teens

Michelle Singer, The Center for Healthy Communities, OHSU PSU School of Public Health

Youth sexual health messaging can be challenging in Indian Country, where sexual and reproductive decisions are shaped by both traditional and contemporary social norms. Culturally relevant health education curricula are needed to deliver effective, age-appropriate health promotion programs. The Native STAND curriculum, Students Together Against Negative Decisions incorporates tradition and culture to address STDs, HIV, healthy relationships, and teen pregnancy, while teaching healthy decision-making skills and positive youth development. In this presentation, we will describe lessons learned from our ongoing nationwide implementation at 48 sites, including best practices in delivery approaches to reservation and urban settings, in schools and other community settings, and the incorporation of web-based and social media enhancements. Data on shifts in knowledge, attitudes and behaviors of participating youth will be presented. The Native STAND Project is funded by the CDC Prevention Research Centers (Grant No. U48DP005006).
Health Promotion and Disease Prevention Roundtable 1

Wednesday, May 23, 1:30pm-3:00 pm, Minnetonka 2 & 3

5 - NIEJI Elder Mistreatment Survey
Melissa Wheeler and Jacqueline Gray, National Indigenous Elder Justice Initiative

As the general United Status older population lives longer, growth in the number of older adults is unprecedented including American Indians and Alaska Natives (AIAN) populations. AIAN age 65 years and older are projected to triple by the year 2050. Elder abuse, neglect, and exploitation in Indian Country is also increasing. Studies show indigenous elderly are at high risk of experiencing some form of elder abuse; however, there is no national Tribal data to indicate how extensive the problem is or what types are most frequent. This purpose of this session is to address the approach, challenges and opportunities of conducting the NEMS. Participants will be asked to provide first-hand knowledge and experiences working with Native elderly and discuss best Tribally-based participatory research approaches. Preliminary findings from collected surveys will be presented and a discussion of data usage for elder abuse prevention and intervention programs.