



# STATE NBCCEDP MODELS OF SUCCESS HIGHLIGHTS:

## MONTANA AMERICAN INDIAN WOMEN'S HEALTH COALITION

### BACKGROUND:

The Montana Cancer Screening Program began as the Montana Breast and Cervical Health Program in 1996, housed within the State of Montana Department of Public Health and Human Services, Public Health and Safety Division, Chronic Disease Prevention & Health Promotion Bureau, Cancer Control Program. With the implementation of the American Indian Screening Initiative in 2000, American Indian and Alaska Native (AI/AN) women came into the focus of the Montana Breast and Cervical Health Program.

In response to this new focus, an American Indian Screening Coordinator position was created and the Montana American Indian Women's Health Coalition (MAIWHC) was developed. This innovative coalition brought together representatives with the shared goal of promoting breast and cervical cancer screening services among AI/AN women. The coalition is made up of representatives from;

- Montana's five urban Indian health organizations (UIHO)
- Seven reservations and the state recognized Little Shell Tribe
- Local communities

Currently, the Montana Cancer Screening Program, which now screens for breast, cervical and colorectal cancer, is a decentralized program utilizing contractors in 13 regions across the state and serving women between the ages of 30 and 64 with funding through the State and the Centers for Disease Control and Prevention (CDC).

### URBAN AMERICAN INDIAN/ALASKA NATIVE FOCUS:

Early on, it became clear that many AI/AN women in Montana were not receiving cancer screening services such as mammography and Pap tests, a frustratingly common problem that MAIWHC sought to change. One major challenge the state encountered when first implementing the coalition and attempting to reach out to AI/AN women was a lack of cultural awareness. While the urban and reservation communities in Montana differ greatly, significant cultural differences also exist between each of the reservations and among individual community members.



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

### Cancer Control Programs

PO Box 202951  
1400 Broadway C 317  
Helena MT 59620  
Fax: 1-877-764-7575

### CONTACTS:

**Victoria Augare, BS**  
*American Indian Screening Coordinator*  
Phone: (406) 444-7858  
Email: [vaugare@mt.gov](mailto:vaugare@mt.gov)

**Ginny Furshong, BS**  
*Program Manager*  
Phone: (406) 444-6888  
Email: [gfurshong@mt.gov](mailto:gfurshong@mt.gov)

**Mark F. Wamsley, MBA**  
*Program Manager*  
Phone: (406) 444-0063  
Email: [mwamsley@mt.gov](mailto:mwamsley@mt.gov)



## URBAN AMERICAN INDIAN/ALASKA NATIVE FOCUS CONTINUED:

Since each community has its own unique means of communicating, spreading information, and discussing topics like cancer, it was important to have a person involved at the state level who understood the many distinct communities. To overcome these cultural barriers, the Montana Cancer Screening program employs an American Indian Screening Coordinator. Another important factor in overcoming cultural barriers has been the utilization of cultural awareness training for staff and community members to help all coalition participants better understand Montana's AI/AN population.

After recognizing these barriers, the coalition has seen great success. Over four years, the number of AI/AN women screened increased drastically, from 389 in 2004 to 1,041 in 2008. Between July 2009 and June 2010, over 16% of the 5,709 women screened were AI/AN.

The representatives from urban, tribal, state and county health organizations and community members who comprise the coalition come together twice annually to meet, share information, learn, and brainstorm activities. Since the state's communities are so diverse, MAIWHC has aimed to design specialized, unique programs and educational activities for each community, such as breast and cervical cancer screening themed BINGO, "Tough Enough to Wear Pink" events, and other fun events.

YEAR	AI/AN WOMEN SCREENED
2004	389
2005	521
2006	622
2007	697
2008	1041

Currently, the Montana Cancer Screening Program, like many state breast and cervical early detection programs, is transitioning to become more diverse. While the coalition will always highlight breast and cervical cancer, new topics like colon cancer are being added. Additionally, the coalition is witnessing a new, more diverse audience including younger women and other groups as the scope of the coalition expands. With this growing diversity, the message of the importance of cancer screening services can be spread to more people, and the numbers of individuals receiving screening services can continue to increase.

## RECOMMENDATIONS:

For future successful coalitions among other state programs, it will be essential to be familiar with, and reach out to, representatives from local tribes, including tribal leaders and tribal health directors, and to work with the IHS service unit administration. If representatives are available from both city and county health departments and local UIHO, these groups can work together more fluidly and help build vital connections between health professionals and community members.

Cultural awareness training for staff and coalition members greatly advanced cohesion within the coalition, and almost certainly had an effect on the increased numbers of AI/AN women screened. Additionally, the Montana Cancer Screening Program found it exceptionally helpful to have an American Indian Screening Coordinator who represented and understood the local Native population. Finally, anyone wishing to improve access to cancer screening services for AI/AN communities through a coalition similar to MAIWHC is welcome to contact the Montana Cancer Screening Program for more information.



Urban Indian Health Institute  
Seattle Indian Health Board  
PO Box 3364  
Seattle, WA 98114  
(206) 812-3030  
www.uihi.org  
e-mail: info@uihi.org