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SUPPORTIVE CARE SERVICES

## həliʔil Program

*The name həliʔil means “to become well/heal” and was gifted to the SCCA’s program from the Snoqualmie Tribe. The name derives from the Coast Salish territories and comes from the Lushootseed language. It is considered a great honor to be gifted the name həliʔil.*

Anyone of any age or background can develop lung cancer. But among tribal nations and Indigenous peoples in the United States, there is a much higher risk of developing the disease.

At Seattle Cancer Care Alliance (SCCA), we respect these resilient members of our community and are making it an even greater priority to care about them and actively support them. We established the həliʔil Program to identify barriers to lung cancer screening in Indigenous communities and to partner with tribal and community leaders.

## About lung cancer and Indigenous people

The issue of lung cancer among Indigenous people in the U.S. and our region is complex, and several factors contribute to the problem:

- Tobacco use is linked to lung cancer, and within tribal nations, there is a higher rate of non-ceremonial tobacco use.

- Indigenous people experience barriers in accessing lung cancer screening and smoking cessation services.
- There are challenges accessing appropriate medical care if an Indigenous person develops lung cancer.

## The həliʔil Program

As a result of this work, SCCA established the həliʔil Program, which launched in fall 2019. The program focuses on:

- Promoting non-ceremonial tobacco cessation in tribal nations\*
- Identifying barriers to lung cancer screening in Indigenous populations
- Reaching out to tribal nations and Indigenous groups in our region to promote lung cancer screening

\*Through a gift generously granted to the həliʔil Program, all SCCA cancer patients, caregivers and family members — regardless of their race or ethnicity — can receive free nicotine replacement therapy (NRT), lozenges and gum.

Through həliʔil, SCCA and its partners are currently collaborating and engaging with tribal and community leaders, listening and learning as well as earning trust and building relationships.

Some initiatives currently underway include focus groups and semi-structured interviews to better understand attitudes, beliefs and barriers to smoking cessation and screening, as well as how to overcome these barriers.

As the program continues to roll out, SCCA will expand its reach and involvement in a number of ways, such as:

- Facilitating and staffing health fairs, pow-wows and other community gatherings
- Connecting with community health representatives throughout Washington state
- Building more formal collaborations with organizations serving Indigenous people
- Offering training to SCCA staff and providers in order to help build capacity and responsiveness to patients who identify as Indigenous

## Contact us

həliʔil Program

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## It's a priority

The SCCA 2019 Community Health Needs Assessment (CHNA) was developed to help understand how cancer impacts the Puget Sound region. In order to address the results of the CHNA, SCCA put together a Community Benefit Implementation Plan that identified four major priority areas, including Indigenous health.

## Facts about lung cancer and tobacco use in U.S. Indigenous populations

- American Indians and Alaska Natives (AI/ANs) have the highest prevalence of tobacco use of any racial or ethnic minority group in the U.S.<sup>1,2</sup>
- AI/ANs typically report higher prevalence of daily cigarette use. Their decline in tobacco use has lagged behind those of other racial/ethnic groups.<sup>4</sup>
- In the Cancer Consortium's 13-county catchment area, AI/ANs have twice the rate of smoking (32 percent) compared to the overall population (15 percent).<sup>3</sup>
- The incidence of smoking-related cancers is also higher in AI/AN populations, and lung cancer is the leading cause of cancer death.<sup>4,5</sup>
- Reducing the burden of tobacco use in AI/AN communities is essential to reduce the incidence of lung cancer and other smoking-related diseases.

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2. Martell BN, Garrett BE, Caraballo RS. Disparities in Adult Cigarette Smoking - United States, 2002–2005 and 2010–2013. *MMWR Morbidity and Mortality Weekly Report*. 2016;65(30):753-758.

3. Mendoza J. CCSG Needs Assessment: Characterizing the cancer burden in our catchment area. Oral Presentation: April 23, 2018.

4. Plescia M, Henley SJ, Pate A, Underwood JM, Rhodes K. Lung cancer deaths among American Indians and Alaska Natives, 1990–2009. *Am J Public Health*. 2014;104 Suppl 3:S388-395.

5. White MC, Espey DK, Swan J, Wiggins CL, Ehemann C, Kaur JS. Disparities in cancer mortality and incidence among American Indians and Alaska Natives in the United States. *Am J Public Health*. 2014;104 Suppl 3:S377-387.