

# Developing Cancer-Related Educational Content and Goals Tailored to the Comanche Nation

Valerie Eschiti, PhD, RN, AHN-BC, CHTP, CTN-A, Jana Lauderdale, PhD, RN, FAAN, Linda Burhansstipanov, MSPH, DrPH, Stacey Weryackwe-Sanford, LPN, Leslie Weryackwe, and Yvonne Flores



Cancer-related educational content and goals should be modified to the needs of Native Americans to ensure adherence to healthy lifestyles. The current article describes the development of cancer-related educational modules that include creating behavioral goals specific to the people of the Comanche Nation. A community-based participatory research approach was used to conduct focus groups in the Comanche Nation and obtain feedback related to cancer-related educational modules and behavioral goals. Content analysis, verbatim transcriptions, field notes, and observations were used to analyze data and create five major themes. Comanche people need cancer educational modules and goals tailored to their culture to become engaged and maintain interest, thereby improving the likelihood of increasing cancer-related knowledge. Oncology nurses should respect guidance provided by Comanche community members to adapt cancer-related education materials and processes, as well as goal development, to address cultural concepts. When Comanche community members become knowledgeable and work toward healthy behavioral change, cancer health disparities may decrease.

Valerie Eschiti, PhD, RN, AHN-BC, CHTP, CTN-A, is an associate professor in the College of Nursing at the University of Oklahoma in Oklahoma City; Jana Lauderdale, PhD, RN, FAAN, is an associate professor and assistant dean in the Office of Diversity and Inclusion in the School of Nursing at Vanderbilt University in Nashville, TN; Linda Burhansstipanov, MSPH, DrPH, is president of Native American Cancer Initiatives Inc. in Pine, CO; and Stacey Weryackwe-Sanford, LPN, and Leslie Weryackwe are native navigators, and Yvonne Flores is an office clerk, all in the College of Nursing at the University of Oklahoma. The authors take full responsibility for the content of the article. This article was supported, in part, by a grant from the National Institute of Nursing Research (No. R15NR012195). The article does not necessarily represent the official views of the National Institute of Nursing Research or the National Institutes of Health. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Eschiti can be reached at [valerie-eschiti@ouhsc.edu](mailto:valerie-eschiti@ouhsc.edu), with copy to editor at [CJONEditor@ons.org](mailto:CJONEditor@ons.org). (Submitted February 2013. Revision submitted May 2013. Accepted for publication May 12, 2013.)

Key words: medically underserved; health disparities; cancer program development/evaluation; cultural aspects; patient/public education

Digital Object Identifier: 10.1188/14.CJON.E26-E31

Despite implementation of cancer educational strategies that have reached some Native Americans (NAs), no strategies have been tested within the Comanche Nation. About 15,000 Comanche people live in the United States, and 8,000 live in southwestern Oklahoma (Comanche Nation of Oklahoma, 2011). Because of their proximity to one another, they are able to maintain many distinct cultural beliefs and practices. The current article describes the first year of a three-year project in which researchers examined content and process needs for tailoring cancer-related educational modules to the Comanche Nation, as well as the creation of behavioral goals related to each module.

## Background and Significance

NAs of the southern plains (e.g., Oklahoma, Texas, Kansas) and northern plains (e.g., Nebraska, Montana, North Dakota, South

Dakota, Wyoming) share higher cancer incidence and mortality rates than NA people living in other states for some cancer types (e.g., lung, breast, prostate, cervical) (Espey et al., 2007). Oklahoma is the primary source for cancer data in the southern plains (Haverkamp, Espey, Paisano, & Cobb, 2008). However, no tribe-specific cancer data exist for the Comanche Nation, which is located within the Lawton Service Area of the Indian Health Service (IHS), an area that encompasses 10 counties in southwestern Oklahoma. In this area, the incidence rate per 100,000 people for all cancers is higher (554) than the Caucasian population in the state (488) and all races combined (493) (IHS, 2009).

## Cancer-Related Education Among Native Americans

Information related to cancer education among NA people is sparse. Eschiti, Burhansstipanov, and Watanabe-Galloway (2012) found four studies relating to cancer education provided to NAs. After receiving education about cervical cancer, Crow