



## READOUT: Cancer Support Community (CSC) | Inaugural Native Cancer Policy Summit (November 3, 2025, | (9:30 a.m. – 3:30 p.m. CT)

### Executive Summary

On November 3, 2025, the Cancer Support Community (CSC) gathered over 80 tribal leaders and community members, patient and caregiver advocates, community-based providers, payers, and policymakers for the *Inaugural Native Cancer Policy Summit*. This pre-event to the American Indian Cancer Foundation's (AICAF) Native Cancer Conference elevated Native voices, surfaced actionable policy recommendations related to Native and Indigenous people impacted by cancer, and catalyzed sustainable, regionally tailored programming to improve cancer care. Discussions consistently underscored ensuring cultural humility as the foundation to trust, engagement and improving outcomes.



Throughout the day and robust discussion, several themes emerged around improving cancer care access in Native communities.

- **Trust and representation are essential for access and engagement.** Building trust, through representation, long-term authentic community partnerships, and culturally grounded care, is critical to increasing cancer care access and utilization.
- **Provide support and connection to resources and services.** Although there are many resources and support services available for Native people impacted by cancer, the issue is breaking down the barriers that impede effective utilization of these resources.
- **Culturally grounded, system-wide care improves outcomes.** Culturally respectful care involves system-wide practices, including providing safe, welcoming environments, supporting, and integrating spiritual and traditional practices into primary and specialized care.



- **Community-driven solutions drive sustainable change.** Programs and policies are most effective when co-created and co-implemented within the communities they serve for optimal engagement and impact, fostering trust and long-term impact.

The Summit speakers and attendees highlighted the value of representation and workforce development to reduce barriers to cancer care, strengthen prevention and early detection efforts, support culturally aligned care, advance sustainable payment models, and build stronger healthcare infrastructure. The discussion highlighted the progress being made to integrate traditional healing, Indigenous food, and mental health into the continuum of cancer care, building on efforts to address historic underfunding and systemic barriers that have impacted Native health outcomes.

As Dr. Roxie Hartwig, Director of Strategic Initiatives for the Indian Health Services, reflected, “Being involved in your Inaugural Summit was an honor. I also am impressed with your community approach which will undoubtedly serve you well.”

Together, these conversations presented meaningful opportunities for policy and healthcare system reform to expand access to care, strengthen partnerships with Native and Indigenous communities, and improve outcomes.

## **Key Takeaways: Speaker Presentations & Panel Discussions**

### **Keynote Address (Dr. Roxie Hartwig, Director of Strategic Initiatives, Indian Health Services)**

- **Strengthening cancer prevention and screening for Native communities is an urgent priority.** High cancer morbidity, combined with high incidence of alcohol and tobacco use, social drivers of health and socioeconomic barriers showcase a clear need to expand cancer screening, early detection, and prevention efforts for Native communities.
- **Building trust is essential to closing cancer care gaps and improving outcomes.** Medical mistrust rooted in historical trauma remains a significant barrier to cancer screening and treatment. Building trust requires culturally informed care, transparent and respectful communication, and validating the experiences of Native patients and families.
- **Culturally tailored care improves engagement and outcomes.** Integrating traditional healing practices such as smudging, culturally aligned patient navigation, care from providers with cultural concordance, and respectful partnerships between cancer care providers and traditional healers are critical to improving healthcare engagement and outcomes.

- **New initiatives are strengthening the cancer care ecosystem across the IHS.** Initiatives include the Indian Health Services’ (IHS) enhanced colorectal cancer (CRC) screening guidance, an evidence-based CRC toolkit, a Native tobacco cessation text line (47848), expanded psychosocial support, and an upcoming *Blueprint for Action* to guide the expansion of services.
- **Partnerships and community-based access are central to progress.** Stronger collaboration across tribes, IHS, public health nurses, community cancer centers, and local academic institutions can help bring trusted, coordinated care closer to where Native patients live.



**Panel 1: “Understanding the Barriers to Culturally Appropriate, Comprehensive Care in Native Communities”**

*Speakers: Sally Werner (Moderator, CSC), Rebekah Fineday (Sanford Health), Sarah Manes (Global Liver Institute)*

- **Limited cultural concordance in healthcare settings hinders engagement and adherence of care.** Patients are more likely to complete screenings and follow care plans when providers share or deeply understand their cultural background, as cultural concordance builds trust.
- **Culturally appropriate care includes creating respectful, safe spaces.** Care settings should reflect Native culture in meaningful ways, such as language, art, dietary needs, and support for traditional practices, while avoiding inaccurate or inappropriate imagery.
- **Access barriers extend beyond direct medical needs.** Transportation challenges, financial constraints, and fear of stigma around screening and cancer treatment prevent timely access to care, especially for rural communities.
- **Meeting patients where they are and reducing navigation burdens is critical.** Community-based resources, local outreach, and direct support through community health workers and patient navigators can ease patient burdens and increase access to care.

- **Community engagement must be genuine and hyperlocal.** Effective interventions require listening to the community and understanding its unique needs. Approaches that work in one Native community may not translate to another.



*Fireside Chat (Sen. Mary K. Kunesh, Minnesota State Senate)*

- **Increasing Native representation in state and federal leadership can strengthen trust and drive systematic change.** Greater Native representation brings lived experience and cultural understanding into policymaking, improving the ability to advocate for policies that reflect the specific needs of Native communities.
- **Policy and reimbursement reforms are needed to support culturally grounded care.** Practices such as smudging, traditional birthing support, and Indigenous healing must be supported, integrated, and reimbursed by payers as medically necessary care in healthcare institutions.
- **Strengthening the cultural competency of the healthcare workforce to expand access to culturally aligned care.** Efforts to increase Native representation in the healthcare workforce, including early exposure programs for Native youth, will help ensure care is culturally grounded and responsive to community needs.



**Panel 2: “Improving Access: Rethinking Policy & Program Development Innovations for Quality, Patient-Centered Care”**

*Speakers: Melissa Buffalo (Moderator, American Indian Cancer Foundation), Will Funmaker (Great Lakes Inter-Tribal Epidemiology Center), Antony Stately (Native American Community Clinic), Katherine Todd (Gilda’s Club Minnesota),*

- **Expanding access and improving outcomes requires building long-term, trust-based partnerships.** Sustainable, in-person, relationship-driven engagement can create a foundation for beneficial cancer prevention, screening, and treatment efforts.
- **As clinical trials become more reflective of patient input, integrating and acknowledging community needs to ensure participation is necessary.** One does not approach Native communities only when you need participants to enroll. Rather, you develop the relationship first and invest in the community so that when there is a need, the trust is there, and participants may be open to enrolling or having a conversation about enrolling.
- **Integrating the practices and beliefs of Native communities improves patient-centered care.** The wisdom, spirituality, and traditional medicines and practices of Native communities must be built into cancer care, not treated as an add-on.
- **Education and outreach are most effective when culturally adapted and community-driven.** Co-creating screening and prevention campaigns with Native researchers, tribal leaders, and community members can ensure messages more accurately reflect community beliefs and lived experiences, improving uptake and long-term impact.
- **Bring cancer care and resources directly into Native communities.** Offering at-home care, building a Native Cancer Registry, and delivering patient navigation and support services through Native-led organizations can remove logistical barriers and expand the infrastructure of cancer care in Native communities, improving access to care.





The Summit elevated Native voices and showcased demonstrated successes that are currently improving access and engagement in Native communities. Dr. Antony Stately noted on the second panel, “culturally humble, patient-centered care must move at the speed of trust in Native and Indigenous communities.” These powerful outcomes lay the groundwork for expanding CSC’s partnerships in Native communities and continuing this program annually to deepen trust, scale what works and drive system improvements across the cancer continuum.