

**Table 7:** Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region J-2

Area of Focus	Planned Action Steps	Time Frame	Stages of Change and Successes	Challenges
Tobacco cessation for survivors	<ul style="list-style-type: none"> <li>• Improve community messages for survivors to quit smoking</li> <li>• Talk with clinic providers to gain support</li> <li>• Create a one-page cheat sheet regarding smoking cessation for survivors</li> <li>• Contact the American Society of Clinical Oncology about adapting provider and patient materials</li> <li>• Support cancer plans</li> <li>• Identify survivors and increase referrals to diabetes, MIC and other programs</li> <li>• Reach out to tribes about cancer survivors who smoke</li> <li>• Identify survivors who smoke</li> </ul>	Not provided	<p>Stage of change six month post-summit: Not ready</p> <ul style="list-style-type: none"> <li>• Worked on creating smoking cessation resources in general</li> </ul> <p><b>Stage of change one year post-summit: Getting ready / currently implementing and evaluating activities</b></p> <ul style="list-style-type: none"> <li>• <b>Currently verifying that datasets such as Behavioral Risk Factor Surveillance System, National Health and Nutrition Examination Survey, National Health Interview Survey, National Program of Cancer Registries and Surveillance, Epidemiology and End Results Program do not report smoking prevalence for AI/AN cancer survivors</b></li> <li>• <b>The tribal clinic is posting no smoking signs; the tribal casino made the non-smoking area bigger and banned smoking in restaurants</b></li> </ul>	<ul style="list-style-type: none"> <li>• High rates of tobacco</li> <li>• Focusing on smoking cessation specifically among survivors is not a priority, given the high prevalence and need among the general population</li> <li>• Cancer centers do not have surveillance systems on survivors and smoking</li> <li>• Cancer centers and clinics do not have community-based cessation resources</li> <li>• <b>Staffing changes and a big learning curve for new staff</b></li> <li>• <b>Lack of resources available for tribal cessation programs. Washington State Medicaid does not reimburse clinical tobacco cessation programs</b></li> </ul>
Survivor groups	<ul style="list-style-type: none"> <li>• Convene groups covering women’s issues</li> <li>• Cancer survivor group</li> <li>• Collaborate with local tribes</li> </ul>	Not provided	<p>Stage of change six month post-summit: Getting ready</p> <ul style="list-style-type: none"> <li>• Planned a big women’s health event and training for providers and community health representatives and nurses for spring 2017</li> <li>• Connected tribal programs to survivorship programs, cancer centers and resources</li> </ul> <p><b>Stage of change one year post-summit: Getting ready</b></p> <ul style="list-style-type: none"> <li>• <b>Working with the Salish Cancer Center to develop a survivorship program in their facility</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Staffing changes</b></li> <li>• <b>Lack of staffing within tribal health programs to facilitate support groups and provide follow-up with cancer centers and request survivorship care plans</b></li> </ul>
HPV vaccinations	<ul style="list-style-type: none"> <li>• HPV vaccination of males</li> <li>• Develop HPV education with tribal input</li> </ul>	Not provided	<p>Stage of change six month post-summit: Getting ready</p> <ul style="list-style-type: none"> <li>• Funded to conduct focus groups with community members for HPV immunization interventions at pharmacies</li> </ul> <p><b>Stage of change one year post-summit: Getting ready / currently implementing and evaluating activities</b></p> <ul style="list-style-type: none"> <li>• <b>Conducted key informant interviews to learn more from tribes successfully vaccinating for HPV</b></li> <li>• <b>American Indian OB/GYN oncologist provided training for tribal and Urban Indian Health clinics</b></li> </ul>	<ul style="list-style-type: none"> <li>• Staffing changes with partner organizations such as pharmacies</li> <li>• Limited time</li> <li>• <b>Staffing changes</b></li> <li>• <b>Lack of resources for staff time at clinics to provide outreach and follow-up for HPV immunizations</b></li> </ul>