

Empowering Traditional Health Workers : Cancer-Related Training for THWs

Oregon Rural Health Forum
May 14-15, 2026

What is a THW?

Traditional Health Workers (THWs) are trusted individuals who may share similar lived experiences from the communities they serve.

THWs have historically provided person and community-centered care by:

- Bridging communities and the health systems that serve them
- Increasing the appropriate use of care by connecting people with health systems
- Advocating for health plan members
- Supporting adherence to care and treatment
- Empowering individuals to be agents in improving their own health

Types of THWs

- Community Health Worker (CHW)
- Peer Support Specialist (PSS) – FSS, YSS, AA, AMH
- Peer Wellness Specialist (PWS) – AA, AMH
- Personal Health Navigator (PHN)
- Birth Doula
- Tribal Traditional Health Worker (TTHW) – or Community Health Representative (CHR)

Cancer Disparities in Oregon

At the highest, most broad level:

- **People of color**
- **Rural residents &**
- **Men**

are experiencing the most disproportionate burdens of cancer.

Consider: what influences or barriers might affect access to prevention and screening tools across various social and cultural groups?

Knight Cancer Institute's Commitment

- ❖ Only National Cancer Institute-designated Comprehensive Cancer Control Center in Oregon.
- ❖ Considers the state of Oregon its 'catchment area,' and therefore, its responsibility to serve.
- ❖ Its Community Advisory Council proposed Big, Bold Ideas that the work we discuss is built upon. The Council recommended
 - ✓ hiring Community Cancer Control Specialists around the state,
 - ✓ supporting the THW workforce with cancer-related training, and
 - ✓ more intentional collaboration with the Oregon Health Authority.



COMPREHENSIVE CANCER CONTROL PLANS (CDC-FUNDED)

Describe the cancer burden in a state, territory, or Tribal Nation/s

- **Identify populations experiencing unequal effects of cancer incidence and mortality rates**
- **Identify geographical areas of the state where disparities exist**
- **Offers, in the case of the new Oregon plan, measurable, evidence-bound recommendations for reducing incidence and mortality rates**

Collaborative Authors:

Knight Cancer Institute's Community Outreach and Engagement (COE) team

Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention (HPCDP) Section



KNIGHT
CANCER
Institute



- Liver Cancer
- Breast Cancer
- Colorectal Cancer
- Lung Cancer
- HPV Vaccination

PRIORITY CANCERS & SPECIAL AREA OF FOCUS



YOU MIGHT BE ASKING... “WHY DID YOU ONLY FOCUS ON 5 CANCER AREAS WHEN THERE ARE SO MANY MORE?”

Per incidence and mortality rates, we focused on:

- Cancer inequities or excess cancer burden by race, ethnicity, or geography
- Lack of measurable progress by cancer type
- The extent to which actionable and achievable evidence-based approaches exist toward reducing the cancer burden (e.g., prevention, screening, early detection, ongoing initiatives, etc.)

THWs' Role in the Battle against Cancer

- ❖ **Traditional Health Workers are the key to addressing modifiable risk factors within each of our communities!**
 - ✓ Collaborating with Peer Support Specialists and the PATHS program who are offering Hepatitis B and Hepatitis C virus education, testing, prevention (HepB vaccination), and curative treatment (HepC).
 - ✓ Addressing alcohol and tobacco consumption
 - ✓ Educating everyone about age or risk-related cancer screening recommendations
 - ✓ Connecting THWs to screening resources
 - ✓ Working alongside THWs to address other social determinants of health (increasing fiber, fruits, vegetable intake, movement, access to risk reduction resources, health literacy).

LIVER CANCER

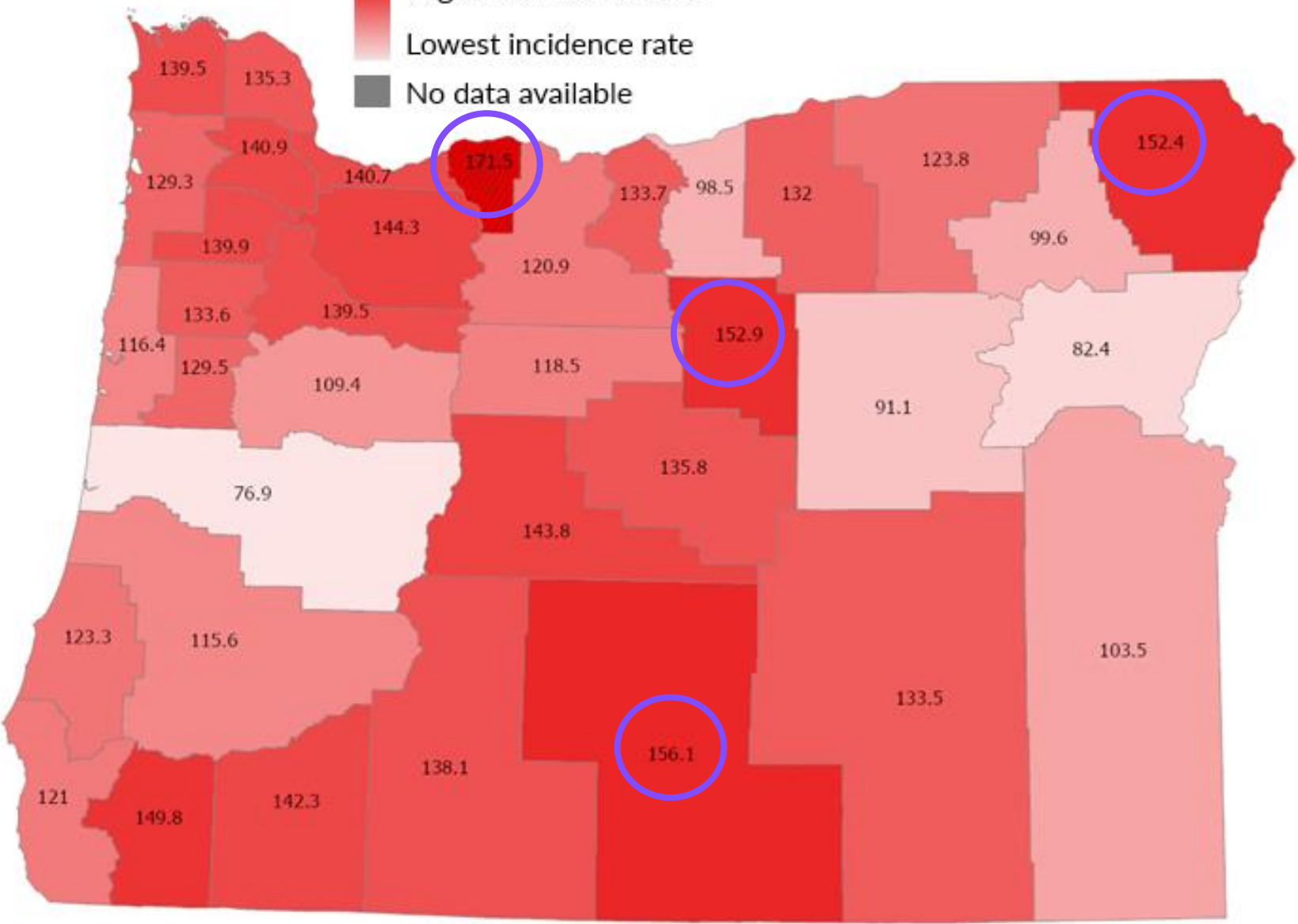


BREAST CANCER



Breast Cancer Incidence Rates by Oregon County per 100,000, 2018-2022

■ Highest incidence rate
■ Lowest incidence rate
■ No data available

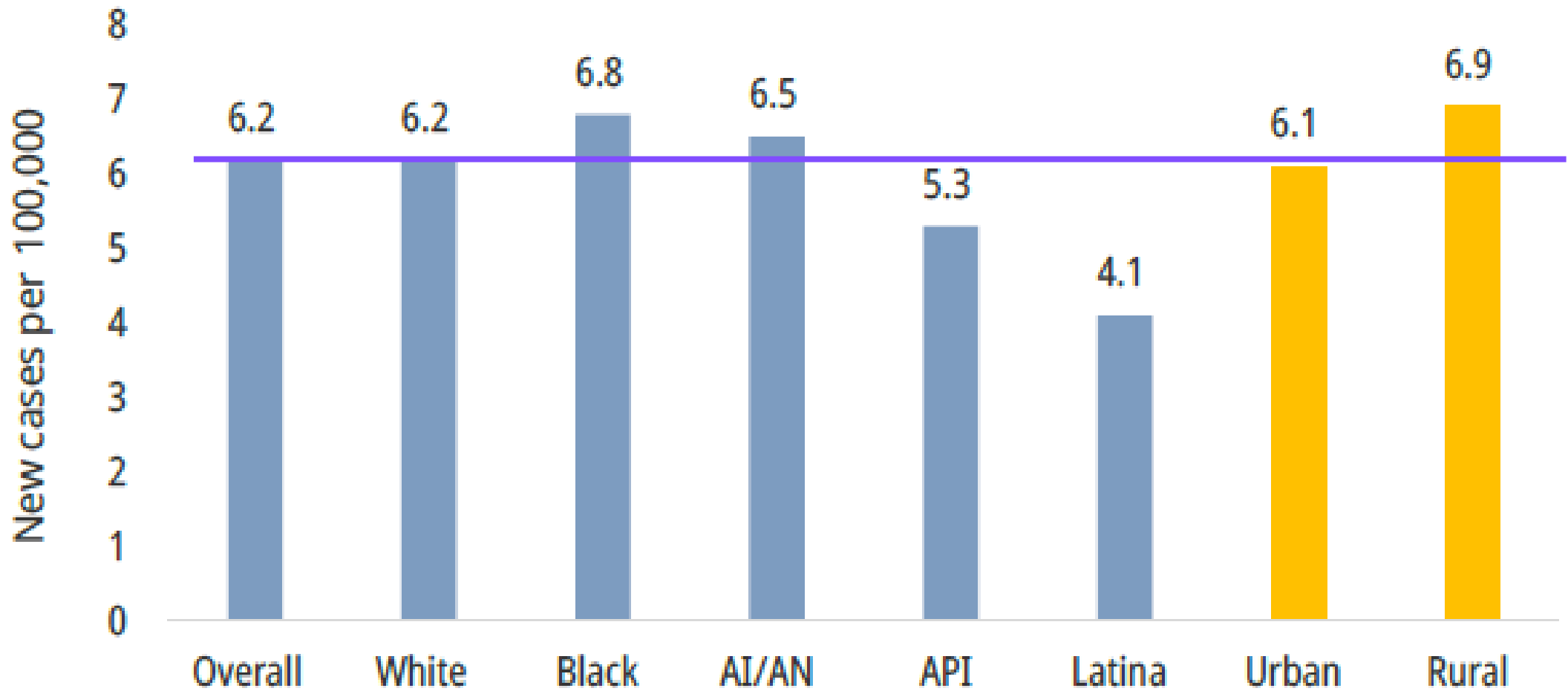


4 of the top 5 counties experiencing the highest breast cancer incidence rates:

- Hood River - 3 grps + 25%↑
- Lake
- Wheeler
- Walla Walla



Image 2.4 Oregon incidence rate for late stage breast cancer by race, ethnicity, and geography, 2018-2022 data.



EVIDENCE-BASED APPROACH TO BREAST CANCER DETECTION

Breast cancer screening recommendations:

Average risk: age 40, every other year

Lowest breast cancer screening rates in OR:

Women who identify as:

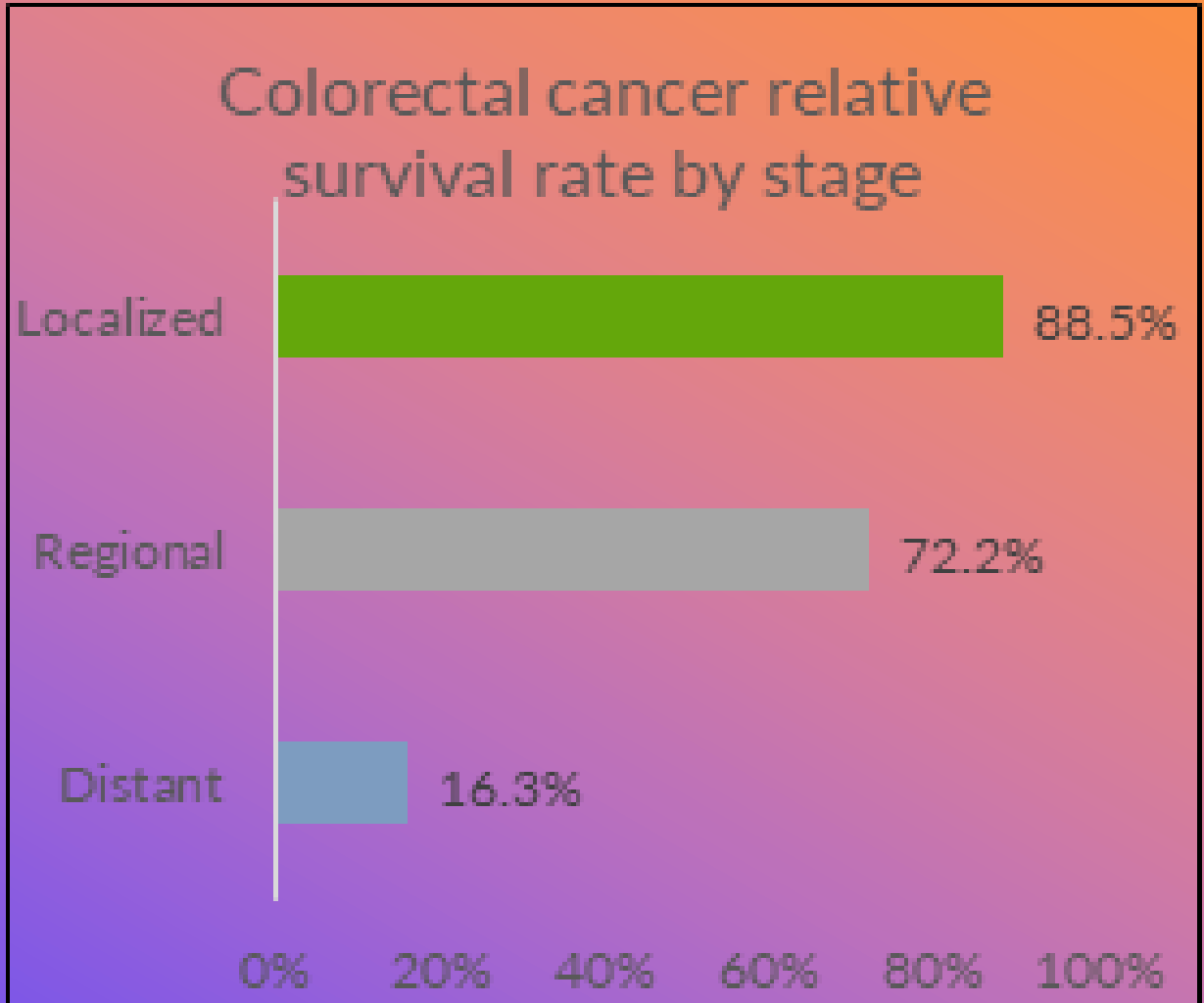
American Indian/Alaska Native,

Native Hawai'ian, or

Pacific Islander



COLORECTAL CANCER



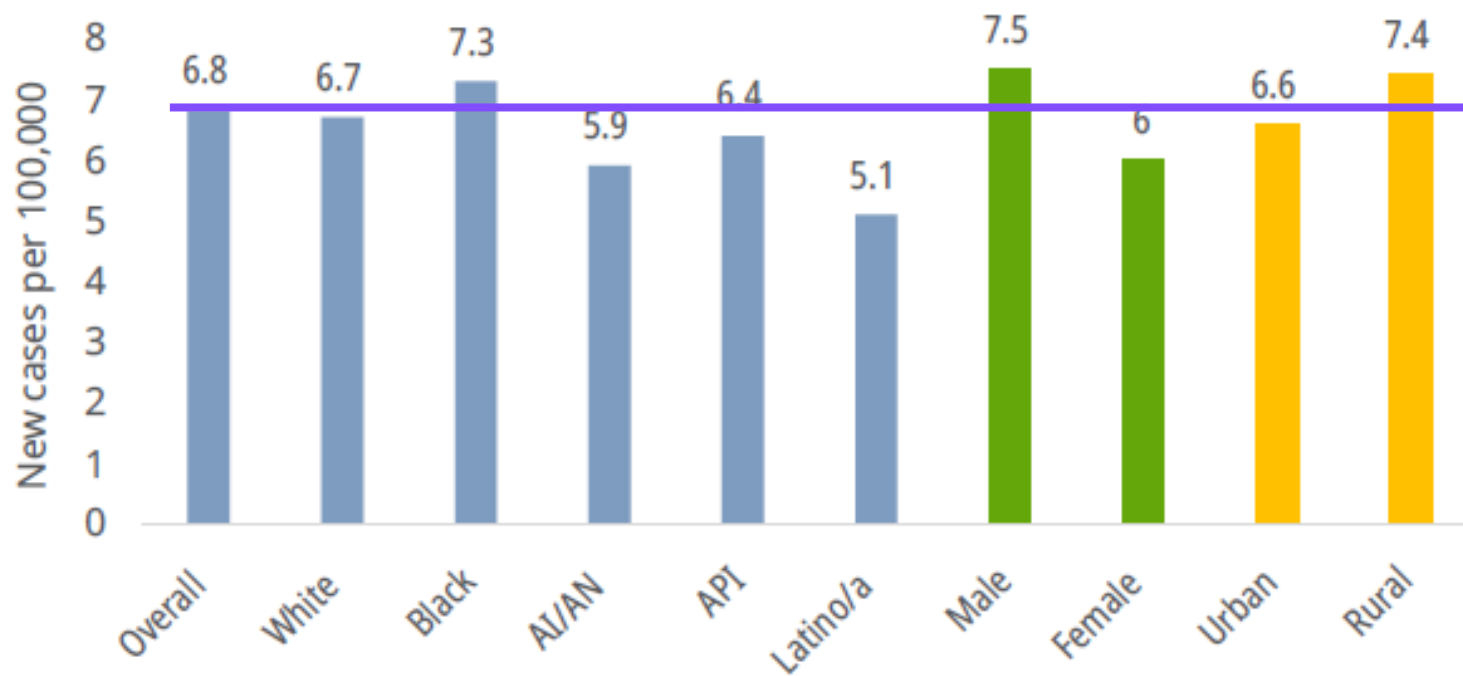
Oregon's male population has a higher rate of advanced stage and distant metastasis than females (7.5 per 100,000) (Image 3.8). ⁽²⁾

Oregon's Rural residents are more likely than urban residents to have distant stage disease diagnoses at a rate of 7.4 new cases per 100,000 (Image 3.8). ⁽²⁾

Oregon's Black or African American populations

experience a higher rate of advanced stage diagnosis (7.3 new cases per 100,000) (Image 3.8). ⁽²⁾

Image 3.8 Late-stage colorectal cancer incidence rates by race, ethnicity, gender, and geography, 2018-2022 data



LUNG CANCER



LUNG CANCER RISK FACTORS

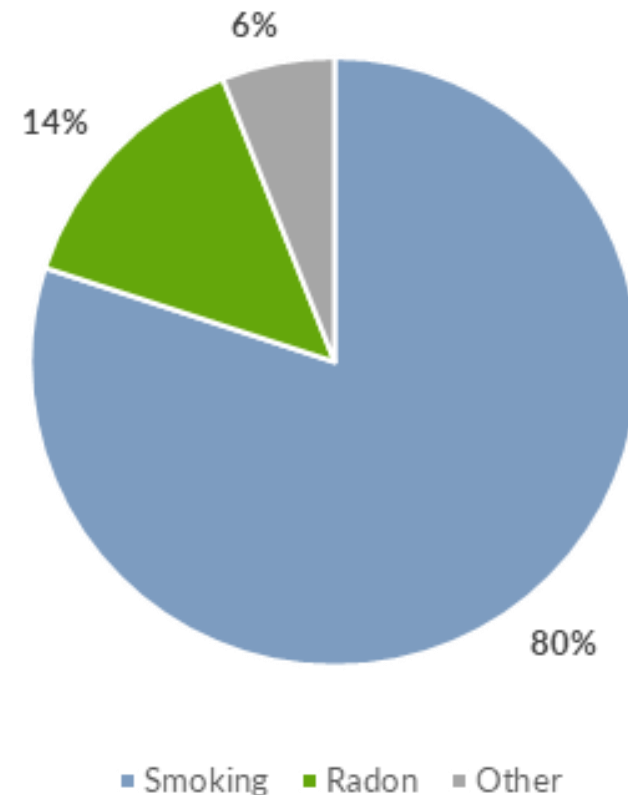
MODIFIABLE RISK FACTORS

1. **Commercial tobacco usage**, including exposure and secondhand smoke. 80-90% of lung cancer deaths are linked to this causal factor.
2. **Radon exposure.**

NON-MODIFIABLE RISK FACTORS

1. Exposure to toxins (arsenic, some organic chemicals, asbestos, diesel exhaust, tar and soot)
2. Air pollution
3. Personal or family history of lung cancer
4. People who received radiation treatment to the chest to treat other cancers

Approximate percentage of lung cancer cases by risk factor



HPV VACCINATION IS CANCER PREVENTION ... AGAINST SIX TYPES OF CANCERS

@VAX2STOPCANCER

**THE SIX
HPV
CANCERS**

Vaginal

Cervical

Anal

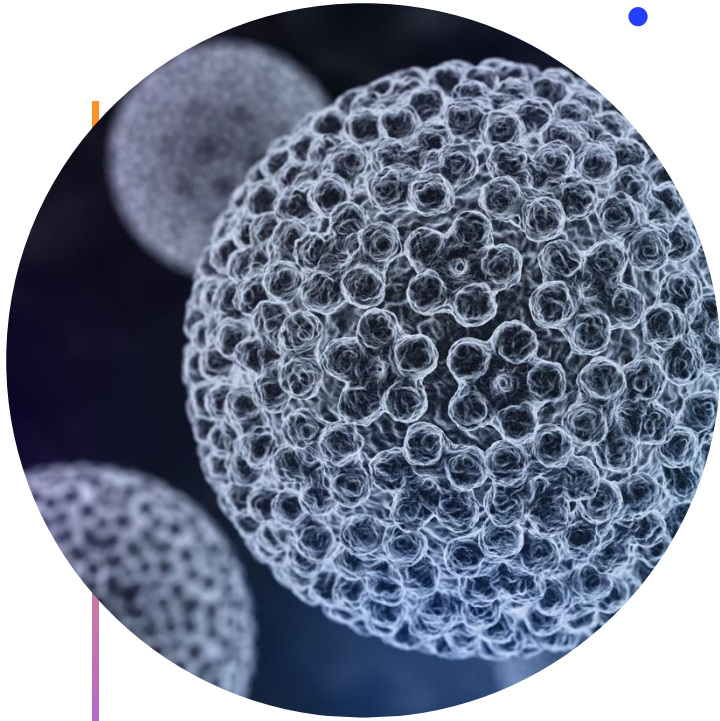
Oropharyngeal

Penile

Vulvar

Special guest genital warts!

National Cancer Prevention Month



HPV FACTS

The Human Papillomavirus (HPV) is the most common sexually transmitted infection in the world. There are over 200 HPV strains. Some cause warts, others (17 high risk strains) can cause cancer.

Any Oregonian can contract this virus through intimate contact (e.g., via oral, anal, and vaginal sex).

Most people who have had a sexual experience will be exposed to and possibly infected with HPV at some point in their lives.

The FDA approved a vaccine to combat this virus in 2006 and was marketed solely to girls and young women. **As a result, local, national, and international cervical cancer rates are on the decline.**

---Boys and young men have not had the same length of time to prevent cancers that can affect them.---

Where do Oregon's HPV *Immunization* Rates need *boosting* or improving?

1. Rural Youth: In Oregon (and nationally), rural youth HPV vaccination completion rates remain lower than for urban youth.

HPV Vaccination Completion Rates for Youth Ages 13-17 by Geography

Frontier regions:	47.7%
Rural regions:	52.7%
Urban:	59.0%



Where do Oregon's HPV *Immunization* Rates need *boosting* or improving?

2.Boys: In Oregon and per OHA, HPV vaccination rates comparing boys and girls is not publicly available.

Initiation and Completion of the HPV Vaccination Series for Youth Ages 13-17 by Sex

	Initiation Rates	Completion Rates
Males:	74.4%	60.6%
Females:	77.8%	64.6%



Where do Oregon's HPV *Immunization* Rates need *boosting* or improving?

3. Young adults: Youth ages 18-26 have low HPV vaccination initiation rates (13.3%) compared to school-aged youth (17%).

Disparity between HPV Vaccination Completion Rates Young Adults and School Age Youth

School-aged Youth (13-17):	57.7%
Young Adults (18-26):	52.2%

NO CERVICAL CANCER CASES HAVE BEEN DETECTED IN FULLY VACCINATED WOMEN FOLLOWING THE HPV VACCINATION AT AGE 12-13 SINCE THE PROGRAMME STARTED IN SCOTLAND IN 2008.

PUBLIC HEALTH SCOTLAND, 2024



To Learn More about these Cancer Priorities...



KNIGHT
CANCER
Institute

Empowering THWs Training Series and Menu

700+ Participants trained since June 2024.

39 Trainings conducted.

8 In-person trainings in rural Oregon.

8 Trainings in Spanish.

No-Cost Continuing Education for THW-CHWs!



Cancer 101

An introduction to how cancer develops, risk and protective factors, and the importance of early detection. THWs learn to promote screening and support individuals across the cancer care continuum.



HPV and Oropharyngeal Cancer

Covers the link between HPV and oropharyngeal cancers, emphasizing prevention through vaccination. THWs gain tools to discuss the HPV vaccine with families in culturally sensitive ways.



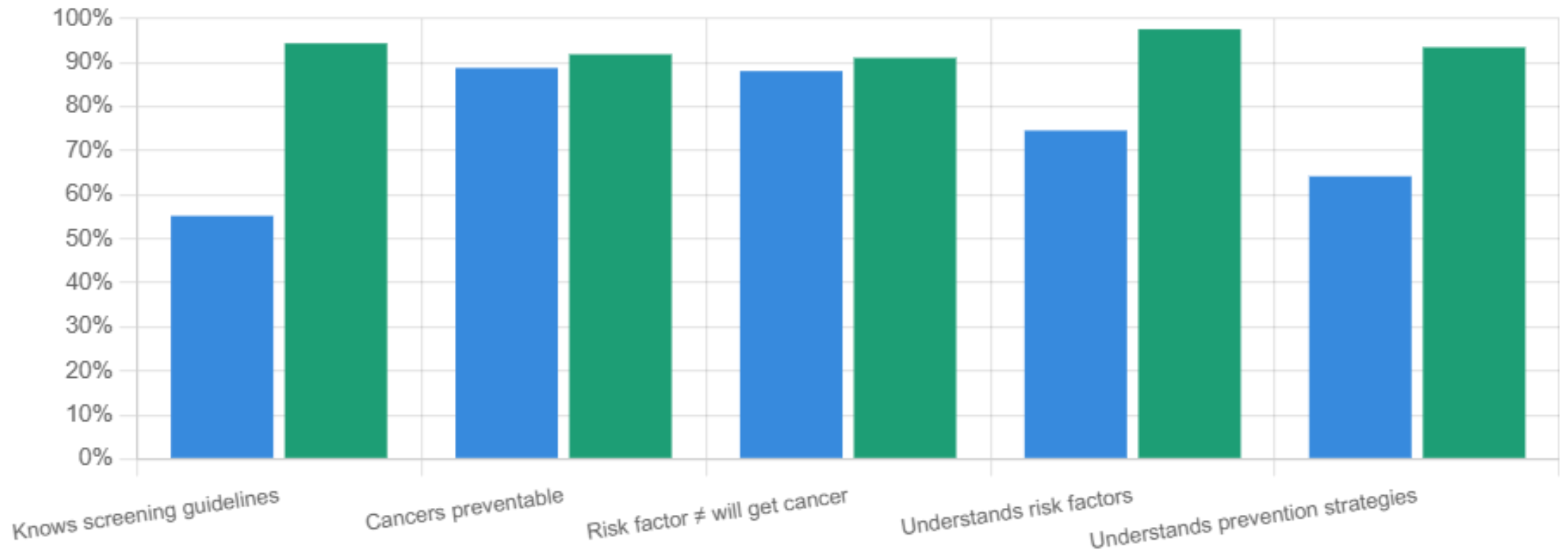
Immunizations as Cancer Prevention

Explores how vaccines like those for hepatitis A, B, and HPV help prevent cancer. THWs learn to address vaccine hesitancy, improve health literacy, and support informed decisions through practical communication strategies.

Sign up today!



Preliminary Group Level Trends: Cancer 101



What next...

What role do THWs play in support of community-level work? What about the role of your regional cancer control specialist?

What training (even if you are not a THW) would support your work in community?

What actionable goals do you have to reduce the cancer burden where you live?



Thank you!



Please email us
at KnightCancerTHW@ohsu.edu to join our
mailing list or to request a training.