



## **American Indian/Alaska Native *Dialogue for Action* Project Newsletter September 2008**

For two years, the Prevent Cancer Foundation and ten American Indian/Alaska Native (AI/AN) teams have worked together to promote colorectal cancer (CRC) screening and awareness in diverse AI/AN communities. In May 2007, the teams gathered in Portland, OR, for the *Dialogue for Action AI/AN Working Meeting on Colorectal Cancer Screening*. The two-day meeting provided a forum to discuss how to decrease CRC in their communities by increasing CRC awareness, education and screening. At the end of the meeting, each team had drafted an action plan to implement in their communities. Team outcomes have ranged from awareness campaigns and elder luncheons to pilot studies on screening and follow-up rates. Over the last year, teams have made measurable progress toward their objectives in the face of varied and unique challenges.



*AI/AN Dialogue Working Meeting Participants*

The mission of the Foundation is the prevention and early detection of cancer through research, education and community outreach to all populations, including children and the underserved. Since 1985, the Foundation has provided more than \$106 million in support of research, education and community outreach programs nationwide and has played a pivotal role in developing a body of knowledge that is the basis for important prevention and early detection strategies.

In 2003, the Foundation was awarded a 5-year cooperative agreement from the Centers for Disease Control and Prevention. This award enabled the Foundation to offer its state-level *Dialogue for Action* process to 11 states and 10 American Indian/Alaska Native teams. The Foundation worked within the states' and tribes' comprehensive cancer control planning processes to:

- Identify collaborative solutions to increase screening,
- Provide tools needed to take action and
- Stimulate the building and maintaining of a diverse network of partnerships.

The Foundation provided \$10,000 in seed money to each of the 10 AI/AN teams to jumpstart work on their action plans. In addition, C-Change and Intercultural Cancer Council provided additional funds for the AI/AN Dialogue Working Meeting, and C-Change also contributed to the implementation year.



## ABERDEEN

The Aberdeen Area/Northern Plains team worked together to implement a flexible plan to meet the unique needs of each of six communities across three states represented by the single Aberdeen team. The team is composed of members who work with the communities of Standing Rock, Three Affiliated, Sisseton, Pine Ridge, Winnebago, and Cheyenne River. Despite the challenges inherent to working with such diverse communities, the Aberdeen team was able to ensure continuity in the project by arranging monthly team conference calls where each team member shared successes and challenges.

As part of the team's action plan, each community representative planned an educational and/or screening event tailored to his/her respective community. Each community solicited additional local partnerships and resources to implement their activities which ranged from holding educational workshops to special cancer screening clinics. Some of the major successes included:

- A "Lunch and Learn" session for the Standing Rock community held on Wednesday, March 19, 2008, which was attended by 46 individuals and attendees had an average increase of in knowledge of 22.3% for six pre/post knowledge questions about CRC screening.
- An educational workshop on CRC screening for the Cheyenne River community held on July 10, 2008 attended by 15 individuals.
- A men's cancer screening clinic (including CRC screening) held on April 19<sup>th</sup>, 2008 in Porcupine, SD for Pine Ridge community which had 50 participants.
- Four cancer screening clinics (including CRC screening) held for Three Affiliated (March 19, April 16, June 4, and August 6, 2008) which had 52 participants combined.
- Development of a Winnebago Cancer Coalition and plan for 2008-2009 colorectal cancer activities including development of a media campaign on colorectal cancer using billboards, posters, and health fair.
- "Cancer 101" session for the Sisseton CHR program held on August 28<sup>th</sup>, 2008, which had 13 participants who had an average increase in knowledge of 44.3% for three pre/post knowledge questions about CRC screening.

Additionally, the team has obtained a letter from the Aberdeen Area Indian Health Services (IHS) office in support of its project that can be used to approach service units in each community with the possibility of providing fecal occult blood test (FOBT) kits during the event. A grant from the Spirit of EAGLES will provide support for the team's continued work in the six communities and expansion to Turtle Mountain and Crow Creek. We applaud the Aberdeen team for its innovative action plan and wish its team members well in planning their educational events. *Last updated August 2008*

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## ALASKA

The Alaska Native Tribal Health Consortium (ANTHC) Comprehensive Cancer Program (CCP) has organized a formal discussion around CRC screening. This discussion drew upon the successful experiences of the established breast and cervical screening programs, because many of the barriers to screening for breast and cervical cancer are similar to those for CRC screening. The meeting, which took place in December 2007, included representatives from the regional breast and cervical cancer screening programs (both those that receive funding from the Centers for Disease Control and Prevention [CDC] and those that do not), the Alaska Native Epidemiology Center, and the State of Alaska CCP. Twenty-two participants attended from nine regions across the state to develop an action plan that addresses the multitude of screening barriers across the state. Screening barriers in rural Alaska are diverse and include high staff turnover, cost and scheduling of travel, lodging, availability of escorts, difficulty scheduling procedure rooms, need for staff and equipment, patient misunderstandings about prepping for the procedure, and no-show patients. These difficulties are compounded by the need to travel long distances by plane or boat through difficult weather and terrain and competing priorities and demands on providers, schedulers, and other administrative staff.

In response to feedback given at their December meeting, the Alaska team is developing a menu of options for ways in which the CCP can assist communities and facilities to build CRC awareness and to increase their rates of CRC screening. Congratulations to Alaska for working to increase CRC screening by bringing together its culturally and geographically diverse regions (no small feat during winter in Alaska) and capitalizing upon its already successful cancer programs. *Last updated March 2008*

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## BLACK HILLS

The Oglala Lakota CRC Group (Black Hills Center for American Indian Health) has sought to increase CRC awareness and screening of the older Lakota living on the Pine Ridge Lakota Reservation. The team has been successful in recruiting eight Lakota elders (four male and four female) for the formation of a Lakota CRC Advisory Board (LCCAB), with the purpose of increasing knowledge of the importance of CRC screening among community elders. Two team members have conducted monthly meetings with the advisory board not only in an effort to reach out to the community, but also to better understand the culturally relevant barriers to screening in the Lakota community.

In addition to its advisory board activities, the team has distributed 90 FOBTs to community members to date. Team members are in the process of seeking to increase return rates through phone and mail campaigns, and the group has collaborated with the National Cancer Institute (NCI) funded program, *Walking Forward*, to provide follow-up care to those who have received positive results. We thank the team for the important work they are doing in the Pine Ridge community and are encouraged by their collaboration efforts. *Last updated March 2008*

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## **CHEROKEE**

The Cherokee Nation CRC Workgroup has engaged in a variety of CRC related activities. The team was involved in two major events—the 2008 Cherokee Nation Cancer Summit in March and a CRC awareness event at the end of February. The event in February kicked off CRC Awareness Month and included a Prevent Cancer Foundation Super Colon exhibit donated by another local group. In addition to holding educational events, the Cherokee team has focused on community outreach by writing and recording two public service announcements—one in English and one in Cherokee—which will be aired on the local Cherokee radio station. Also, the team is currently developing culturally relevant CRC prevention brochures, which will be distributed within the fourteen-county area.

Currently the team has developed a transition team that is working with the Hastings Indian Medical Center and the Cherokee Nation Quality Improvement department to merge policies and procedures and develop a flow chart for dealing with patients who are in need of colorectal screening. This will help to make sure the clinics and the hospital are working together uniformly to provide early screenings for those at high risk for colon cancer. The transition team is also developing a patient chart sheet for clinical staff to fill out in order to identify patient needs with screening. The CRC Workgroup is again in the process of identifying community members who are eligible for screening that would be paid for by the Oklahoma State Department of Health (OSDH). This has been a collaboration effort between the Cherokee Nation Comprehensive Cancer Control Program and the Oklahoma State CCC Network program and is the second year the OSDH has provided funding for people living in Oklahoma, who are low income, and have no insurance to receive this free funding. The Cherokee team has done a wonderful job of diversifying its activities and making progress in CRC education through the use of various media.  
*Last updated August 2008*

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## **HO-CHUNK**

The team from the Ho-Chunk Nation has been involved in many activities since returning to Wisconsin after the Working Meeting in Portland. The team began its project with a pilot study at a clinic in Baraboo, WI. The study is tracking the return rate of FOBT kits that have been provided at the clinic along with the number of positive results.

In addition to the pilot study, the team has also held elder luncheons in two locations: Black River Falls and Baraboo. These luncheons provided a meal, discussion, and CRC bingo for any elder who was interested in attending. The team members discussed CRC with the elders and inquired about community needs regarding colon cancer and screening efforts. One of the more popular responses they encountered was the request to send reminders to people in the mail to get an annual check-up. Using this community input, the team has begun to send birthday card reminders to all enrolled members who live in the Black River Falls area. The card contains a tear-off sheet listing the types of screening recommended for 40+, 50+, 60+, and 70-year-old individuals. As an incentive, when the person arrives at his/her appointment, he/she can exchange the card for a gas voucher at the Ho-Chunk Convenient Store and Gas Station. We commend the Ho-Chunk team for its use of community input in developing this unique campaign and we look forward to seeing the impact of this project on CRC screening. *Last updated August 2008*

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## INTER-TRIBAL COUNCIL OF MICHIGAN

The ITCM team has identified the Saginaw-Chippewa tribe as its collaborating partner and is making progress on its action plan. Over the past year the team devoted most of its energies to developing culturally appropriate CRC materials—planning to use current CRC materials as a template and then adapt them to their target community. For example, the team inserted pictures of local tribal community members into already-existing CDC posters like, “Busy People.” The team decided to develop one provider brochure, one community brochure, posters, and an FOBT instructional handout.

After drafting these new educational materials, the team then gathered feedback from selected members of the community and Tribal Health Board members to revise accordingly. In addition to creating their own education materials the ITCM team received Screen for Life posters from the CDC. In an effort to reach out to all tribal members, the team plans to hang the posters in such locations as the bathrooms of their tribal buildings. In addition, the team will send each Tribal clinic on Michigan a packet of materials they can use and order on their own when needed. Because the creation of culturally appropriate materials is essential to getting the word out about CRC to tribal communities, we are thrilled that the ITCM team is working on this important activity. *Last updated August 2008*

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## KAW

The Kaw Nation Cancer Coalition has engaged in a variety of CRC related activities since returning from the working meeting in Portland. In addition to working with the Oklahoma State Department of Health Comprehensive Cancer Control to provide free colonoscopies for 10 individuals, the team has ordered and distributed American Cancer Society (ACS) brochures and pamphlets at health fairs, powwows, and the Kaw clinic. The team coordinator has also worked with Dee Ann DeRoin to develop a Kaw CRC brochure, as well as a pre-test and post-test to be used at educational events and health fairs.

The team has not limited its activities to education, but has also supplied FOBTs to providers at the Kaw clinic to give to patients who are eligible for screening. The team has been keeping close track of FOBT return rates and has sought feedback on its activities from community members. The team has also designed a pocket wellness guide to give to patients at the clinic. For a copy of the wellness guide and Kaw CRC brochure, please contact Lana Nelson. Kudos to the Kaw team members for making great progress on its action plan, as well as for measuring the impact of its efforts. *Last updated March 2008*

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## **MASHANTUCKET-PEQUOT TRIBAL NATION**

The Northeast Tribal Wellness and Cancer Prevention Program has been able to organize CRC awareness events with their Prevent Cancer Foundation funds. One such event, the Native Elders Wellness and Cancer Prevention Luncheon, was held in October at the Mashantucket Pequot Museum and Research Center. Native American elders from various tribes throughout Connecticut attended. The event was the first forum for elders to discuss the key steps in the promotion of CRC awareness and screening for Native Americans in the Northeast. The highlight of the luncheon was presentations by three cancer survivors who spoke to the audience about their experiences, emphasizing the fact that there are no support programs for Native Americans. They also spoke of the importance of getting their stories heard and documented for future generations. For a copy of the full article in the Connecticut Cancer Partnership newsletter, please contact Mark Samos.

In addition to the elders luncheon, the team has hosted three successful talking circles, has enlisted the help of University of Connecticut graduate students to compile a financial resource guide for cancer and has worked with Yale undergraduate students to perform a literature review on the issue of Native American mistrust of health systems. The team also hosted a colorectal cancer “lunch and learn” and e-mail blitz to celebrate National Colorectal Cancer Awareness Month. The “lunch and learn,” *Spring Your Rear Into Gear*, was the culminating event of a 3 week long awareness campaign. We thank the team for its commitment to bringing tribal community members together to learn about CRC at their luncheons and talking circles. *Last updated March 2008*

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## **TEXAS GULF**

The Texas Gulf team has come up with many ways to assess the current CRC screening climate in Houston and on the rural Alabama-Coushatta reservation. Examples of the type of data they are compiling include: where referrals are going, how individuals are screened, what resources are available, and baseline screening data. Further, in an effort to assess their communities’ level of readiness for CRC screening, the team members plan to interview 100 people (50 urban and 50 rural) over the age of 50 about their attitudes and knowledge about CRC. These interviews will take place at the Alabama-Coushatta clinic, pow wows, and the Alabama-Coushatta Health Fair.

Additionally, the team hosted a Colorectal Cancer Awareness luncheon and dinner this summer. Speakers at the luncheon were physicians and cancer survivors who attempted to raise awareness of CRC within the Native communities of Houston and the Alabama-Coushatta reservation. Much of the team is composed of members of the Native American Health Coalition, which has launched a new website ([www.nativeamericanhealthcoalition.org](http://www.nativeamericanhealthcoalition.org)) where information about the luncheon will be posted soon. We applaud the Texas Gulf Team for its’ efforts to understand the issue of CRC screening in two distinct urban and rural communities. *Last updated August 2008*

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## URBAN INDIAN CARES

The Urban Indian Colon and Rectal Education and Screening (CARES) team has had much success in working toward the objectives they identified in Portland. Their major objective, to launch a health promotion campaign, is well underway. Materials include a factsheet targeting funders and clinic Executive Directors, and a postcard and poster targeting patients to encourage screening. In order to inform the development of materials for the campaign, the team held two focus groups and surveyed approximately 600 people at clinics, health fairs, and pow wows. They developed a logo for their campaign and collected colorectal cancer stories, photos and quotes.

In addition to making progress on its action plan, the Urban Indian CARES team has come up with a unique way to ensure that members are able to communicate effectively and share project materials—a Sharepoint website (<http://www.uihi.net/ColorectalCancer/default.aspx>). They are currently collecting community feedback on materials before finalizing. Materials will be available in print, as well as electronic format stored on the project website which can be modified to make them community-specific. Thanks to the Urban Indian CARES team for the development of a much needed health promotion campaign, as well as for its innovative methods of maintaining communication among team members.  
*Last updated August 2008*

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**If your tribal or urban Indian health organization is interested in working with the Prevent Cancer Foundation to address colorectal cancer screening in your community, contact Erica Childs @ [erica.childs@preventcancer.org](mailto:erica.childs@preventcancer.org) or call 703-836-4412, or contact Dee Ann DeRoin @ [deedoc@earthlink.net](mailto:deedoc@earthlink.net).**