Colorectal Cancer in the Northern Plains American Indians

Great Plains Colorectal Cancer Screening Initiative (GPCCSI)

Tinka Duran, MPH, Preventions Program Director
Great Plains Tribal Chairmen’s Health Board

Our mission is to provide quality public health support and health care advocacy to the tribal nations of the Great Plains by utilizing effective and culturally credible approaches.

Statement of Purpose: The Great Plains Tribal Chairmen’s Health Board is established to provide the tribal nations in the Great Plains region with a formal representative Board as a means of communicating and participating with the Great Plains Area Indian Health Service and other Health and Human Services entities and organizations on health matters.
Who we serve, 17 Tribes, 1 Service Unit

GREAT PLAINS TRIBAL CHAIRMEN’S HEALTH BOARD SERVICE AREA

LEGEND
- IHS AREA OFFICE
- IHS HOSPITALS
- STATE CAPITALS

US Census 2015
SD AI alone are 9% of the population
ND AI alone are 10% of the population
NE AI alone are 1.4% of the population
The Great Plains Area Indian Health Service Office in Aberdeen, South Dakota, works in conjunction with its Indian Health Service Units (IHS) and Tribal managed Service Units to provide health care to Native Americans located in the Great Plains region.

The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship was established in 1787, is based on Article I, Section 8 of the Constitution.
Tribal Healthcare and Indian Health Service Facility Partners

Cheyenne River Service Unit
Elbow Woods Memorial (TAT)
Fort Thompson Service Unit
Flandreau Service Unit
Lower Brule Service Unit
Omaha Service Unit
Nebraska Urban Indian Health
Ponca Service Unit
Pine Ridge Service Unit
Rapid City Service Unit
Rosebud Service Unit
Sac and fox Service Unit
Santee Service Unit
Spirit Lake Service Unit
Standing Rock Service Unit
Trenton Service Unit
Turtle Mountain Service Unit
Winnebago Service Unit
Woodrow Wilson Keeble Memorial (SWO)
Yankton Service Unit
Is Colorectal Cancer Common Among American Indians

- Yes, colorectal cancer is the third most common cancer for Great Plains American Indians (after lung and prostate in men and lung and breast in women).

- Occurs more often in Great Plains American Indian (GPAI) tribes than Whites and American Indians in other regions of the US except for Alaska Natives.

- Most are diagnosed with colorectal cancer at later stages of disease when it is harder to treat.

- Most likely to affect American Indian (AI) men and women over the age of 50. (Early On-set)
AI/AN Screening Target and Rate

**GPRA SUMMARY REPORT 2018**

**PREVENTION**

Prevention measures focus on early detection of disease (cancer screenings) and management of risk factors to prevent disease (tobacco cessation and HIV screening).

Prevention can focus on appropriate treatment of chronic conditions (cholesterol and blood pressure treatment) to avoid complications.

Prevention also focuses on healthy behaviors/lifestyles (childhood weight control and infant breastfeeding) that have been shown to prevent diseases.

<table>
<thead>
<tr>
<th></th>
<th>FINAL</th>
<th>NATIONAL TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CERVICAL) PAP SCREENING</td>
<td>36.0%</td>
<td>35.9%</td>
</tr>
<tr>
<td>COLORECTAL CANCER SCREENING</td>
<td>31.9%</td>
<td>32.6%</td>
</tr>
<tr>
<td>MAMMOGRAPHY SCREENING</td>
<td>42.6%</td>
<td>42.0%</td>
</tr>
<tr>
<td>TOBACCO CESATION</td>
<td>28.9%</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

Source:
CRC Priority Evidence Based Interventions (EBI’S)

1. The goal is to increase CRC screening in tribal areas.

2. Used to implement evidence-based interventions (EBIs) or strategies recommended in The Guide to Community Preventive Services (Community Guide) to increase use of CRC screening tests.
CRC Priority Evidence Based Interventions

1. Patient Reminders
2. Provider Reminders
3. Provider Assessment and Feedback
4. Reducing Structural Barriers
CRC Supporting Strategies

1. Patient Navigation
2. Small Media
3. Community-Clinical Linkages
Community-Clinical Linkage

- Assessment and Evaluation
- Community Engagement
- Individual and Community Education
- Skill building
- Promotion
Community Grant for Colorectal Cancer Screening Evidence Based Intervention Application

Through sub-awards Great Plains Area (GPA) tribal communities provide evidence-based-intervention approaches to encourage screening to eligible adults. Great Plains Colorectal Cancer Screening Initiative provides tools, resources, project evaluation, awareness and media campaigns; to tribal communities throughout the GPA.
GPCCSI Sub-Awardee Events

Check out the Colorectal Cancer Screening events hosted by our program sub-awardees featuring the Rollin Colon and Nolan the Colon.
Small Media

Patient Education Materials

- Mail
- Email
- Social Media
- Other Media (Radio, TV, Newspaper, Billboards, etc...)
Education Materials

GREAT PLAINS
Colorad...screening initiative
FIT Kit

How to properly complete a Fecal Immunochromatographic Blood Test Kit

Step 1
1. Open the sample collection kit. Place the kit on a clean surface. Check the kit expiration date.
2. Set the kit in a clean, room-temperature environment. Do not get the kit wet.

Step 2
1. Open the test tube. Place the test tube into the collection tube. Place the tube on the counter. Do not get the tube wet.
2. Add the collected sample to the test tube. Place the tube on the counter. Do not get the tube wet.

Step 3
1. Shake the test tube. Place the tube on the counter. Do not get the tube wet.
2. Mix the collected sample with the test tube. Place the tube on the counter. Do not get the tube wet.

Step 4
1. Place the tube on the counter. Do not get the tube wet.
2. Mix the collected sample with the test tube. Place the tube on the counter. Do not get the tube wet.

Step 5
1. Place the tube on the counter. Do not get the tube wet.
2. Mix the collected sample with the test tube. Place the tube on the counter. Do not get the tube wet.

Step 6
1. Place the tube on the counter. Do not get the tube wet.
2. Mix the collected sample with the test tube. Place the tube on the counter. Do not get the tube wet.

Step 7
1. Place the tube on the counter. Do not get the tube wet.
2. Mix the collected sample with the test tube. Place the tube on the counter. Do not get the tube wet.

Step 8
1. Place the tube on the counter. Do not get the tube wet.
2. Mix the collected sample with the test tube. Place the tube on the counter. Do not get the tube wet.

IMPORTANT: Be sure to follow up with your health care provider on stock sample return process.

Great Plains Colorectal Cancer Screening Initiative
1201 E 12th Ave | Suite 203 | Denver, CO 80218 | (303) 470-4696 | (303) 470-4698 | info@gpschbc.org

To learn more, visit www.gpschbc.org or visit us on social media.

ScreenOutCancer
Colorectal Cancer Control Program

Great Plains Colorectal Cancer Screening Initiative
1201 E 12th Ave | Suite 203 | Denver, CO 80218 | (303) 470-4696 | (303) 470-4698 | info@gpschbc.org

ScreenOutCancer
Colorectal Cancer Control Program

What is a Colonoscopy?

The Basics
A colonoscopy is a procedure in which the patient is put under sedation, and a long, flexible, fiber-optic instrument is inserted through the rectum in order to examine the entire interior of the large intestine. The procedure is completely painless, and will greatly increase your chances of preventing, detecting, and treating colorectal cancer.

Why do I Need a Colonoscopy?

If you’re reading this, odds are you have a positive FIT or FOBT screening result. NOT TO WORRY! A positive screening result may be caused from a polyp, which is a growth that occurs in the lining of your colon. Some are benign, and some may be cancerous, which means they are not malignant and won’t spread. However, it is important to get a colonoscopy in order to detect the severity. In most cases, polyps will be removed because they increase the risk of colorectal cancer. In fact, 10 people will survive colorectal cancer if it’s detected early. Native Americans have a higher mortality rate from colorectal cancer because it is often found at a later stage.

What to expect

1. Frequent trips to the bathroom. Part of the prep for a colonoscopy is taking a laxative to ensure the procedure goes as smoothly as possible. You can help with this by following all of your doctor’s orders when it comes to prep.
2. The procedure. You will be put under sedation, and the procedure will take about 30 minutes to complete. Then you are done.
3. Rest. After the procedure you will want to regain strength by eating a healthy meal and getting plenty of rest.

Great Plains
Colorectal Cancer Screening Initiative
1201 E 12th Ave | Suite 203 | Denver, CO 80218 | (303) 470-4696 | (303) 470-4698 | info@gpschbc.org

To learn more, visit www.gpschbc.org or visit us on social media.

ScreenOutCancer
Colorectal Cancer Control Program
Colorectal Cancer Education
Cancer Survivor Stories and Posters

Cancer Survivor Stories
A big thank you to everyone who shared their stories for the Colon Cancer in the Great Plains series. If you are interested in telling your story, please fill out the "Questions for a Survivor" form.

Anthony's Story | August 18
Marilyn's Story | August 18
Cathy's Story | January 26
Susan's Story | January 31
Ronald's Story | September 18
Tamara Halvarson | September 18

Imperative that all Natives do this screening. It is a life-saving precaution. So just do it!

Llewellyn is a colorectal cancer survivor.

Cathy completed her colorectal cancer screening at age 50 due to family history.
PSA Sample

- [https://health.gptchb.org/gpccsi/crc-videos/](https://health.gptchb.org/gpccsi/crc-videos/)
Each year, Great Plains Colorectal Cancer Screening Initiative encourages Tribal leaders to proclaim March as Colorectal Cancer Awareness Month.
Cultural Challenges

1. Develop education and resources with AI persons
   - Role modeling
   - Community Education

2. Treatment
   - Western and Traditional integration
Traditional Medicine

• Some patients and families will reach out to their traditional healer prior to making a decision about which treatment to participate in.

• Traditional Medicine does not exclude Western Medical Treatment.

• Medicine People and Oncologists have worked together in the best interests of the patients and families.
Evaluation Activities

1. Provided trainings and TA
2. Tracked trainings and events
3. Collected feedback at events
4. Gathered feedback from subawardees
5. Provided template for subawardees to report annual progress
Evaluation Activities

1. Developed evaluation toolkit specific to GPCCSI priorities and work with tribal communities
   • Program Evaluation Tools
   • Clinic Tools
Provider Assessment and Feedback

• Decide how to assess your health system’s screening practices. Collect data by reviewing electronic health records or medical charts.

• Present data in an easy-to-understand graphic or report.

• Use your findings to improve your clinic’s practices.
<table>
<thead>
<tr>
<th>What does it Measure?</th>
<th>Changes in colorectal cancer screening polices and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who administers this?</td>
<td>Someone who can answer each line (policies and/or procedures in place, currently offering, etc.)</td>
</tr>
<tr>
<td>How can this information be used?</td>
<td>Pre- and post-assessment of colorectal cancer screening office processes</td>
</tr>
<tr>
<td>Time commitment</td>
<td>Depends if knowledge is centrally-located (45 to 90 minutes)</td>
</tr>
</tbody>
</table>
Checklist for Increased Screening

Sample Screening Algorithm

An Office Policy

1. Policy Characteristics
   a. Determine individual risk level
   b. Identify local medical resources
   c. Assess insurance coverage
   d. Consider patient preference
   e. Attend to office implementation

2. Algorithm posted

3. Stool blood test flow sheet posted and excludes in-office tests

4. Steps to implement policy in office

* Options
Tests That Find Polyps and Cancer
- Flexible sigmoidoscopy every 5 years, or
- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years, or
- CT colonography (virtual colonoscopy) every 5 years

Tests That Primarily Find Cancer
- Yearly fecal occult blood test (gFOBT)*, or
- Yearly fecal immunochemical test (FIT)*, or
- Stool DNA test (DNA), interval uncertain

* The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing.

* The tests that are designed to find both early cancer and polyps are preferred if those tests are available and the patient is willing to have one of these more invasive tests.
Preliminary Program Evaluation Results

1. Feedback forms

Videos culturally relevant (95% yes)

- “tied health to culturally importance in native communities”
- “Intergenerational connection”

2. Great Plains Partners in Cancer Screening conference

- Strategies to increase CRC screening session (100% yes)
Take Home Points

• Reducing structural barriers can modify our environments and support healthy choices across a POPULATION rather than just on an individual level.

• Small Media and other supporting strategies need to be culturally relevant to reach your attended audience.

• Ensuring you understand and address the communities cultural beliefs.
Questions?
Wopila
(Thank you)

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD (GPTCHB)
GREAT PLAINS COLORECTAL CANCER SCREENING INITIATIVE (GPCCSI)
1770 Rand Road
Rapid City, SD 57702

Phone: 605.721.1922
Toll Free: 1.800.745.3466
Fax: 605.721.1932

Email: Tinka.duran@gptchb.org