The background of the slide features three traditional tipis (Native American tents) set up in a grassy field. The tipis are made of light-colored fabric and are supported by wooden poles. The scene is captured in a slightly desaturated, blue-tinted style. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the title and subtitle text.

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





Health System Partner

- 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 attention 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.

	FINAL	NATIONAL TARGET
(CERVICAL) PAP SCREENING	36.0%	35.9%
COLORECTAL CANCER SCREENING	31.9%	32.6%
MAMMOGRAPHY SCREENING	42.6%	42.0%
TOBACCO CESSATION	28.9%	27.5%

Source:

https://www.ihs.gov/sites/quality/themes/responsive2017/display_objects/documents/GPRASummaryReport-2018.pdf



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

Great Plains Colorectal Cancer Screening Initiative (GPCCSI)

Community Grant for Colorectal Cancer Screening
Evidence Based Interventions
Application
2018 – 2019



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.

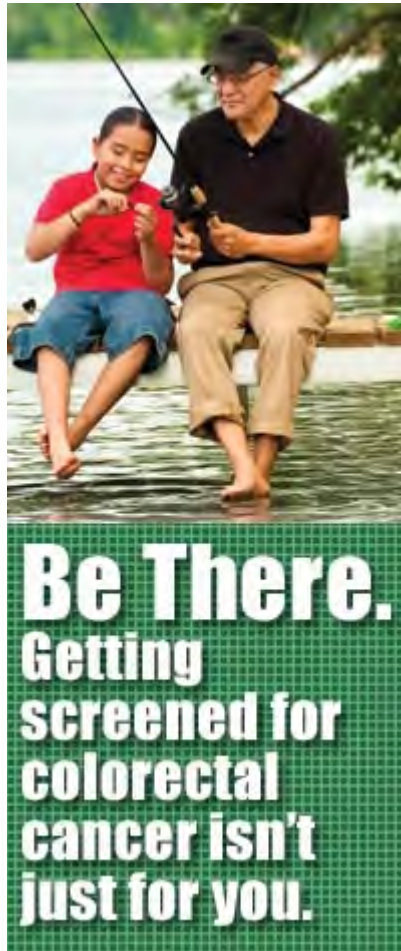




Small Media

Patient Education Materials

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





Education Materials

GREAT PLAINS Colorectal Cancer Screening Initiative FIT Kit

How to properly complete a Fecal Immunochemical Blood Test Kit

- Step 1** Open the sample collection kit. Gently write your full name, birth date, and date of sample collection indicated on the label.
- Step 2** If you are using the stool collection hat, lift the toilet seat and the plastic hat, securely, and put the seat back down. As you are using the collection paper, place the paper around the toilet seat line enough to catch stool. Do not get sample wet.
- Step 3** Have a bowel movement into the collection hat or collection paper. Do not place used toilet tissue into your stool sample.
- Step 4** Shake solution in the collection tube, and squeeze the top, be sure not to spill any of the liquid solution.
- Step 5** Push the spiral applicator into stool sample at 4 different sites. Use only enough stool to cover the tip of the applicator.
- Step 6** Carefully, place the spiral applicator back into the tube and screw till it is tightly closed.
- Step 7** Complete the address return envelope to your doctor or laboratory and insert collection tube into specimen pouch and seal. Insert specimen pouch into return envelope and seal.
- Step 8** Upon completion, return your sample packet immediately to your health care provider or laboratory by mail or in person.

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

Great Plains Colorectal Cancer Screening Initiative
Great Plains Tribal Chairmen's Health Board
| 2611 Elderberry Blvd | Rapid City, SD 57703 | (P) 605.721.1922 | (F) 605.721.1932 | www.gpctcb.org

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

SCREEN OUT CANCER Colorectal Cancer Control Program

Great Plains Colorectal Cancer Screening Initiative

What is a Colonoscopy?

READ ME!

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 rectum for cancerous polyps. The procedure is completely painless, and will greatly increase your chances of preventing, beating, and treating colorectal cancer.

Why do I Need a Colonoscopy?

Get the Facts!

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 cancerous and some are benign, which means they are not cancerous 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. 9 out of 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

3 things you will need 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 taking it easy and getting plenty of rest.

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SCREEN OUT CANCER Colorectal Cancer Control Program

Great Plains Colorectal Cancer Screening Initiative

7 Steps Colonoscopy Prep & Process

If you're reading this, it is likely that you have a positive FIT or FOBT screening result. You may be wondering what to expect and how to prepare for the procedure. This infographic will guide you through the entire process, from scheduling to recovery. Remember, early detection is key to successful treatment. Let's get started!

- Step 1: Scheduling your appointment**
Your doctor will schedule your appointment. You will receive a letter from the office with the date and time of your procedure. **Prep Tip!** Call your doctor's office if you have any questions or need to reschedule.
- Step 2: Pick up your prescription prep**
Pick up your prescription prep from your doctor's office. **Prep Tip!** Read the instructions carefully and follow them exactly.
- Step 3: Begin Laxative prep at appointed time**
Begin your laxative prep at the appointed time. **Prep Tip!** Drink plenty of water throughout the day to stay hydrated.
- Step 4: EXAM DAY!**
On the day of your exam, you will need to follow specific instructions. **Prep Tip!** Arrive at the hospital or clinic on time.
- Step 5: Rise and shine, today is a good day for a colonoscopy!**
You will be in the hospital or clinic for the procedure. **Prep Tip!** Relax and follow the instructions of the medical staff.
- Step 6: Arrive on time and safely!**
Arrive at the hospital or clinic on time. **Prep Tip!** Bring a driver to take you home after the procedure.
- Step 7: Colonoscopy exam will take about 30 minutes**
The procedure will take about 30 minutes. **Prep Tip!** You will be sedated during the procedure.
- Step 8: Congratulations! You just saved your life!**
You have successfully completed your colonoscopy. **Prep Tip!** Rest and eat soft foods for a few days after the procedure.

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SCREEN OUT CANCER Colorectal Cancer Control Program



Colorectal Cancer Education

Cancer Survivor Stories and Posters

COLORECTAL CANCER SCREENING
Get Screened!
"So that the people may live"



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

Colon Cancer At-A-Glance*

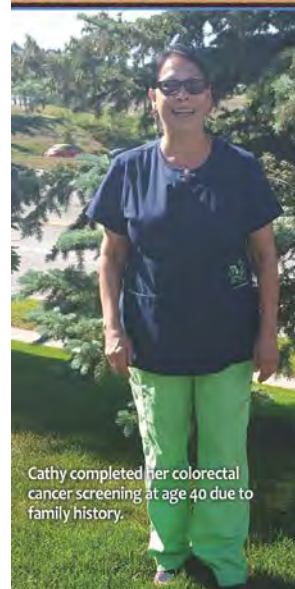
- 1 in 20 people will develop colorectal cancer in their lifetime.
- 1 in 10 people will die from colorectal cancer.
- 50+ people die from colorectal cancer every day.
- 1 in 10 people will develop colorectal cancer in their lifetime.
- 1 in 10 people will die from colorectal cancer.

*Source: National Cancer Institute, American Cancer Society, National Colorectal Cancer Research Alliance

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Spearfish, SD 57783
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www.gtrchb.org

Llewellyn is a colorectal cancer survivor.

COLORECTAL CANCER SCREENING
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*Source: National Cancer Institute, American Cancer Society, National Colorectal Cancer Research Alliance

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Cathy completed her colorectal cancer screening at age 40 due to family history.

Cancer Survivor Stories

A big thank you to everyone who shared their stories for the Colon Cancer in the Great Plains series 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

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

PSA Sample



- <https://health.gptchb.org/gpccsi/crc-videos/>



Tribal Proclamations

Ponca Tribe of Nebraska Tribal Council

RESOLUTION 19-15

WHEREAS: The Ponca Tribe of Nebraska is a federally recognized Indian Tribe (P.L. 101-484) whose business affairs are conducted by the Ponca Tribal Council as defined in the Constitution approved July 22, 1994 by the Acting Deputy Commissioner of Indian Affairs; and

WHEREAS: Pursuant to the Constitution of the Ponca Tribe of Nebraska, the Ponca Tribal Council exercises legislative powers to enact and promulgate resolutions and ordinances subject to all express restrictions upon such powers contained in the constitution; and

WHEREAS: Colorectal cancer affects both men and women equally and often does not show any signs or symptoms; and

WHEREAS: Annual screenings can prevent colorectal cancer and decrease the incidence rates of this disease through early detection; and

WHEREAS: Strengthening education efforts about colorectal cancer will improve the screening rates in our communities and will result in a decrease of lives lost to this disease; and

WHEREAS: Promoting annual screenings for colorectal cancer within our tribe is a way to honor those relatives who have lost their lives to this disease and let their fight serve as a reminder to our families to take care of our health; and

WHEREAS: Observing Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to offer education, promote screenings, remember our relatives, and recognize our cancer survivors who are with us today.

THEREFORE, BE IT RESOLVED that the Ponca Tribe of Nebraska declares the month of March to be Colorectal Cancer Awareness Month.

CERTIFICATION

THIS IS TO CERTIFY AND AFFIRM that the above and foregoing Resolution was duly authorized and passed by the Ponca Tribal Council on the 4th day of March 2019, at a duly called meeting held via Lifesize, by a vote of 8 Ayes; 0 Nays; 0 Abstained; 0 Absent. Chairperson _____ voting not voting. A Quorum of 9 was present.

ATTEST

Larry Wright, Jr., Chairman
Ponca Tribe of Nebraska

Candace Bossard, Secretary
Ponca Tribe of Nebraska



PONCA TRIBE
OF NEBRASKA



Each year, Great Plains Colorectal Cancer Screening Initiative encourages Tribal leaders to proclaim March as Colorectal Cancer Awareness Month



Mental



Physical

Spiritual

Emotional





Cultural Challenges

1. Develop education and resources with AI persons

- Role modeling
- Community Education

2. Treatment

- Western and Traditional integration

A poster titled "COLORECTAL CANCER SCREENING" with the slogan "So that the people may live". It features a photo of Elliot Rhoades, a colorectal cancer survivor, and a grid of statistics. The statistics include: Colon Cancer is the #2 leading cause of cancer death among men and women in the US; 1 in 20 African American men die from colorectal cancer; 90% of colorectal cancer deaths occur in people 50 or older; 2-3 Times more likely to die from colorectal cancer if you never get screened; and 1+ Million people die from colorectal cancer in the US. The poster also includes contact information for the Great Plains Tribal Chairmen's Health Board and a disclaimer from the CDC.

COLORECTAL CANCER SCREENING

"So that the people may live"

"You know your body better than anyone else. If something doesn't seem right or normal, get yourself checked by your provider." -E.R.

Get Screened

It is a life-saving precaution.

COLON CANCER AT-A-GLANCE	#2 Leading cause of cancer death among men and women in the US.	1 in 20 African American men die from colorectal cancer.
90% of colorectal cancer deaths occur in people 50 or older.	2 - 3 Times more likely to die from colorectal cancer if you never get screened.	1+ Million people die from colorectal cancer in the US.

*Source: American Cancer Society

Elliot Rhoades is a colorectal cancer survivor.

Great Plains Tribal Chairmen's Health Board
2611 Elderberry Blvd Rapid City, SD 57703 Phone: 605-721-1922 • Fax: 605-721-1932

This project described is supported by the Centers for Disease Control and Prevention (CDC), cooperative agreement #1U58DP00693-0200. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of CDC or any of its agencies.



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



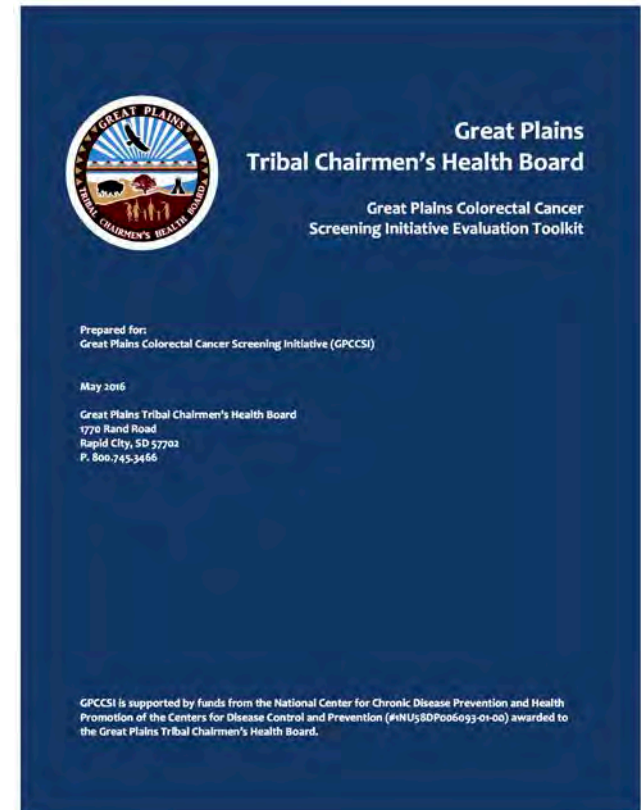
Evaluation Activities

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.



Checklist for Increased Screening

What does it Measure?	Changes in colorectal cancer screening polices and procedures
Who administers this?	Someone who can answer each line (policies and/or procedures in place, currently offering, etc.)
How can this information be used?	Pre- and post-assessment of colorectal cancer screening office processes
Time commitment	Depends if knowledge is centrally-located (45 to 90 minutes)



Checklist for Increased Screening¹

This tool is for internal clinical purposes. It can be used as a pre-/post-assessment of colorectal cancer (CRC) screening processes.

Date Completed: Clinic Name:

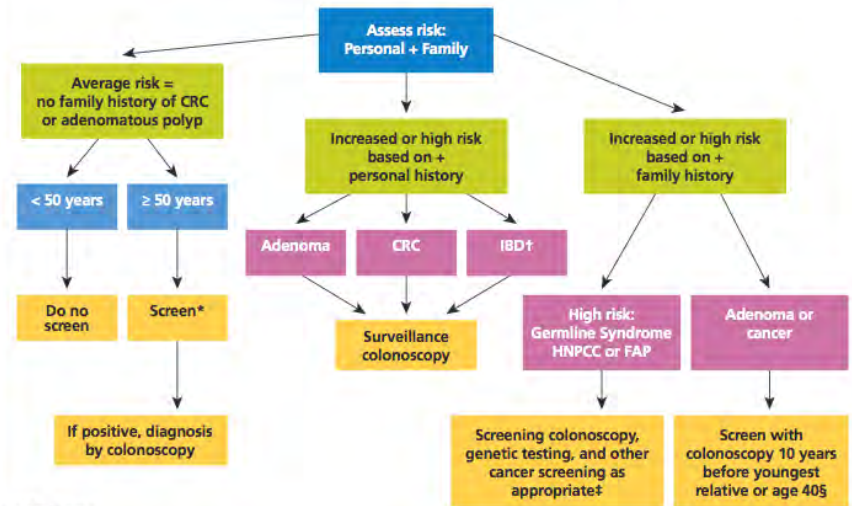
	Fully in place	In progress	Not yet in place	Notes
I. Your Recommendations				
1. For CRC cancer screening				
2. For complete diagnostic evaluation when screen is positive				
II. Quality Improvement				
3. Quality improvement team				
4. CRC screening rates				
a. Review dates				
b. Feedback provided (group and/or individual providers)				
c. Level of comparison				
III. An Office Policy				
5. Policy Characteristics				
a. Determine individual risk level				
b. Algorithms and flow charts posted				
c. Identify local medical resources				
d. Assess insurance coverage				
6. Steps to implement policy in office				
IV. An Office Reminder System				
7. Options for physicians				
a. Chart prompts, ticklers and logs				
b. Chart audits and feedback				
c. Staff assignment				
8. Options for patients				
a. Education				
b. Brochures, pamphlets and posters				
c. Reminder postcards and letters				
d. Reminder calls				
V. An Effective Communication System				
9. Options for action				
a. Stage-based communication/ Patient Navigation				
b. Shared and informed decisions/ motivational interviewing				
c. Staff involvement				



Checklist for Increased Screening

An Office Policy			
3. 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			
4. Algorithm posted			
5. Stool blood test flow sheet posted and excludes in-office tests			
6. Steps to implement policy in office			

Sample Screening Algorithm



* 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 (sDNA), 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 these 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.

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

Questions?





Wopila (Thank you)

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD (GPTCHB)
GREAT PLAINS COLORECTAL CANCER SCREENING INITIATIVE (GPCCSI)

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