either colonoscopy or fecal immunochemical test should begin colon screening at age 40, rather than geared for Alaska Native providers and patients. Community events, along with educational sessions The inflatable colon is then used in concurrent our electronic health record which shows which due for screening. SEARHC assesses the need using Alaska. The inflatable colon outreach is used to SouthEast Alaska Regional Health Consortium

Background: Surveillance data show American Indians and Alaska Natives (AI/AN) have higher rates of colorectal cancer incidence and mortality, lower screening rates, and are more often diagnosed at later stages than Whites in many regions of the U.S. Screening can lower incidence and mortality rates, prevent CRC with premalignant polyp removal, and increase survival through diagnosis at earlier stages. Alaska, Southern Plains, and Northern Plains Regions have the highest rates of AI/AN CRC incidence, mortality, and late-to-early stage CRC ratios. National Native Network organizations: Inter-Tribal Council of Michigan (ITCM), Great Plains Tribes Chairmen’s Health Board (GPTCHB), and Southeast Alaska Regional Health Consortium (SEARHC), provide health services to 48 Tribes in these Regions, including CRC prevention and control.

Goals/Objectives: Inflatable Colon has been used in tribal communities as tools for culturally tailored health education. The goals were to promote early detection by raising tribal community member awareness and knowledge on CRC symptoms, risk factors, screening options; change attitudes/behaviors by reducing misconceptions about risk factors and screening; and increase individuals’ intention and commitment to get screened.

Methods: Inflatable Colon were employed attribal community events in each region with unique combinations of culturally specific promising or evidence-based small and mass media, group education, and client reminder strategies. Trained tribal staff walked with Native adults through the colon, facilitating education and discussion. Pre- and post-surveys assessed participant knowledge about CRC, risk factors, screening, and intention to get screened. Some Tribes used targeted mailings to patients due to screening.

Results: survey data (n=513) showed increased knowledge of CRC in 97% of exhibit participant respondents. After touring the exhibit, 99% of respondents indicated the belief that CRC can be prevented, 93% indicated the intention to make lifestyle changes, and 95% indicated the interest to be screened at age 50. GPTCHB pre- and post-test data (n=384) showed respondent knowledge increased – definition of polyps: 77% to 92%, risk of CRC increasing for larger polyps: 38% to 86%, and all three knowledge questions answered correctly: 23% to 71%. Nearly all indicated that the exhibit helped them understand the importance of screening “a lot” or “some.” SEARHC emphasizes Alaska Native CRC screening at age 40 and utilized EHR assessments and mailed outreach concurrent with the inflatable colon exhibit. Due to these efforts, SEARHC recorded 35 new patients screened for colonoscopy or FIT over six months in 2014, out of 228 patients due for screening.

Conclusions: Culturally-informed inflatable colon exhibits improved tribal community knowledge on CRC and intention to get screened, which may lead to increased screening rates and decreased CRC incidence, mortality, and late-stage diagnoses. Coordinated use of clinic patient outreach and tribal community member awareness and knowledge on CRC symptoms, risk factors, screening options; change attitudes/behaviors by reducing misconceptions about risk factors and screening; and increase individuals’ intention and commitment to get screened.

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