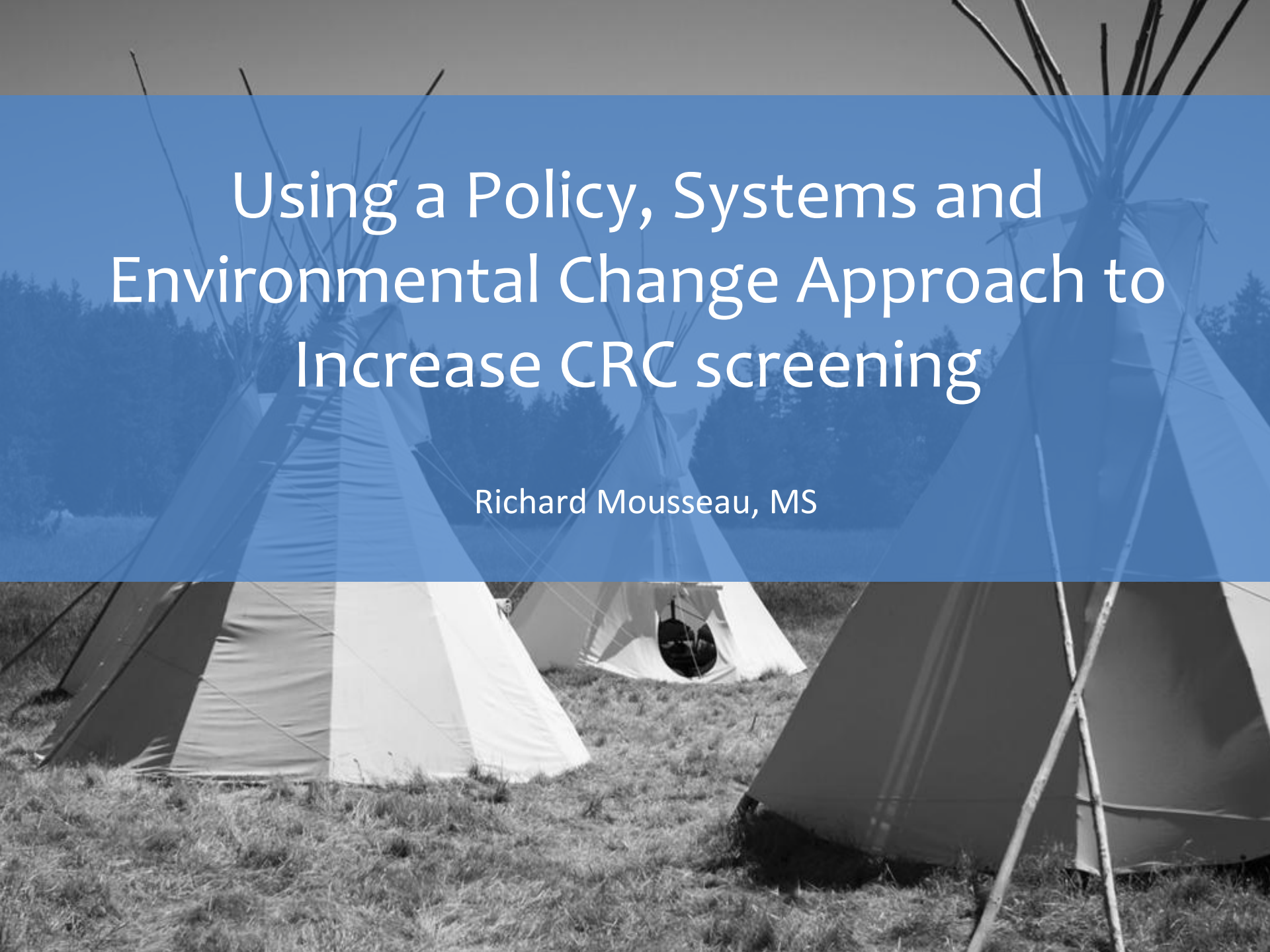




"Hecel Oyate Kin Nipi Kte -- So That The People May Live"



A photograph of several teepees in a grassy field. The image is overlaid with a semi-transparent blue rectangle. The text is centered within this blue area.

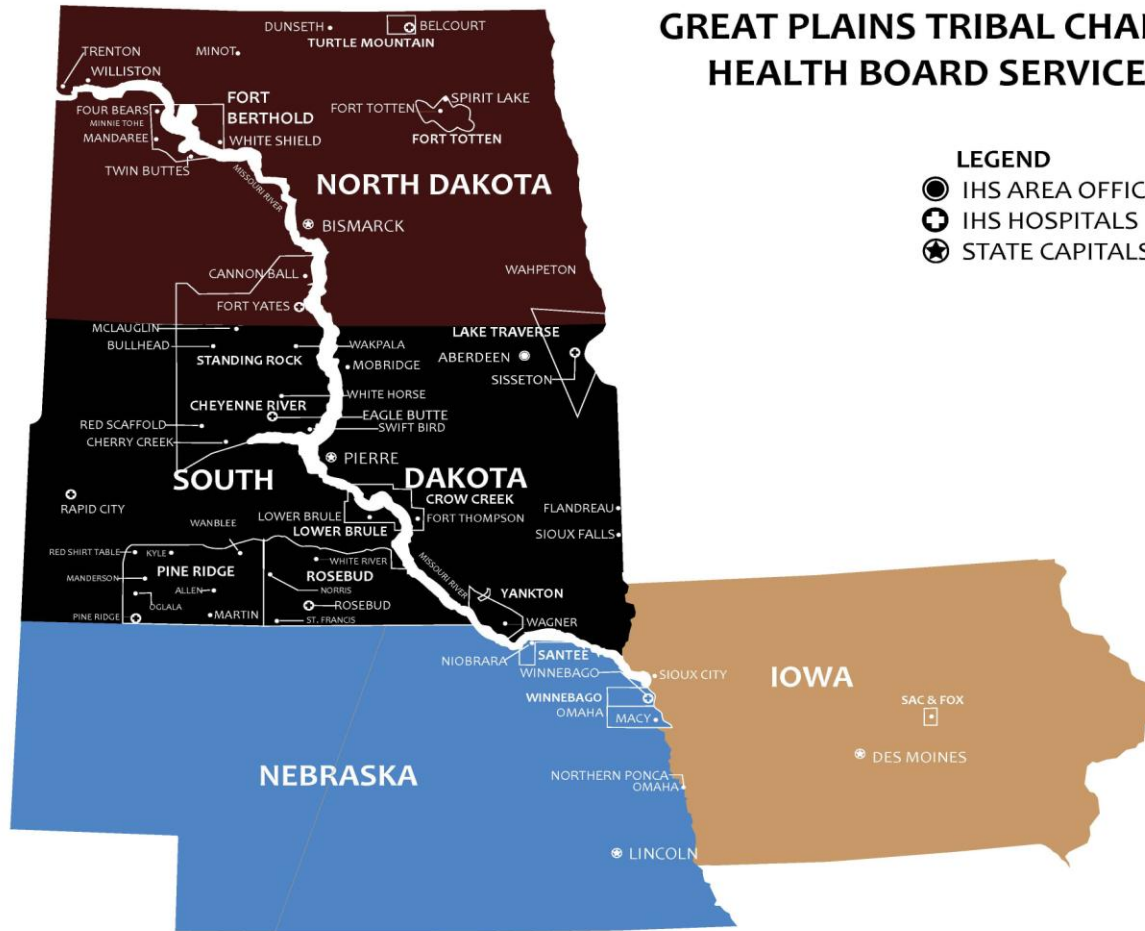
Using a Policy, Systems and Environmental Change Approach to Increase CRC screening

Richard Mousseau, MS



Great plains Colorectal Cancer Screening Initiative

- The Great Plains Tribal Chairmen's Health Board was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to increase colorectal cancer screening rates within 18 tribes in a four state region - South Dakota, North Dakota, Nebraska, and Iowa.
- Great Plains American Indian (GPAI) men and women have the highest and second highest cancer incidence rate among all American Indian/Alaskan Native population groups.



GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD SERVICE AREA

LEGEND

- IHS AREA OFFICE
- ⊕ IHS HOSPITALS
- ★ STATE CAPITALS





Great plains Colorectal Cancer Screening Initiative

- The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its 19 Indian Health Service Units and Tribal managed Service Units to provide health care to approximately 122,000 Native Americans located in North Dakota, South Dakota, Nebraska, and Iowa.
- Great Plains Area IHS also provides health services to approximately 6,000 Native Americans who are not counted in the user population of the Area.



Great plains Colorectal Cancer Screening Initiative

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

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



Great Plains American Indian CRC Screening Rate

- **27%** of American Indian adults 50-75 have been screened for colorectal cancer in the Great Plains region (GPRA, 2015).



Overview

- What is Policy, System, and Environmental Change? (PSE Change)
- Increasing CRC Screenings through PSE Change
 - Policy Approach
 - Systems Approach
 - Environmental Approach



Quote from the Institute of Medicine

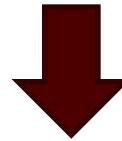
“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

-Smedly and Syme (2000)

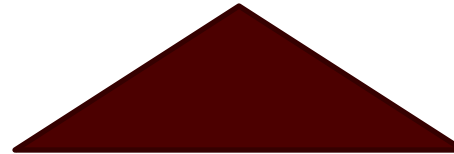


Given minimum resources, how can tribes maximize healthy community and cancer prevention efforts?

Shift focus on individual behaviors



to infrastructures that support healthy behaviors

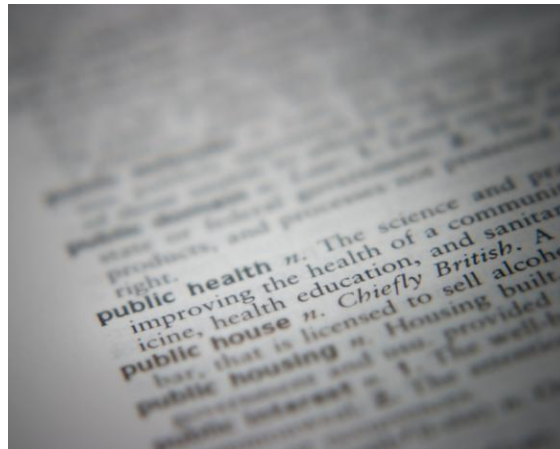


This will extend the impact of public health interventions by changing policies, systems, and environments to reach more people, prevent cancer and disease, and create long-term change.



What is PSE Change?

- **Policy, Systems, and Environmental change (PSE change)** refers to public health interventions that aim to modify individuals environments by removing risk factors thus making the individuals default choice a healthy one.





Sacred Hoop of Life & PSE

- PSE aligns with many Great Plains tribes' cultural beliefs by **creating systems that will provide healthy habits and knowledge for future generations** and the processes address the sacred hoop of life/interdependent relationships of the tribal environment.
- Everything is related.
- The ancestors of Great Plains tribes, had a multifaceted approach to tribal wellbeing and survival. By understanding their environment and their role in it, our ancestors were able to maintain good health for the community as a whole.
- PSE allows tribal leaders to continue those traditions in today's society by encouraging healthy and sustainable behaviors, lifestyles, and environments that will strengthen the foundation of health for tribal members and their descendants.



PSE Breakdown

Policy interventions → laws, ordinances, tribal resolutions, and regulations

Example: Workplace policies that promote a “culture of good health”

Systems interventions → changes that impact ALL elements of a tribe or tribal organization/community

Example: Implementation of a provider/client reminder intervention system-wide in IHS clinics, hospitals, and tribal health programs.

Environmental interventions → physical or material changes to the economic, social, or physical environment.

Examples: Environmental support provides a worksite physically designed to encourage good health.

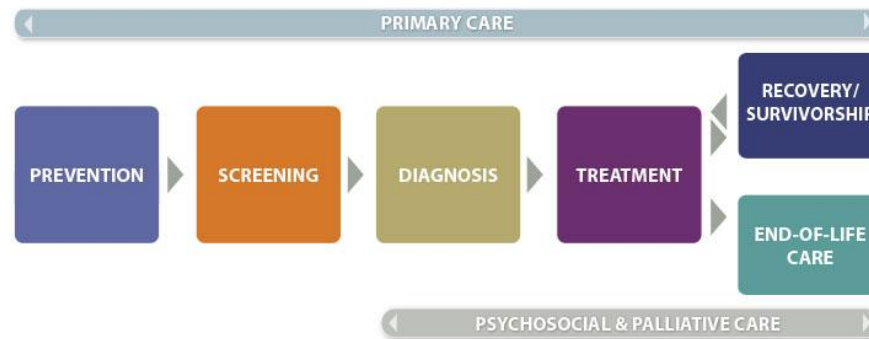


Where do PSE change approaches work best?

- Full Continuum of Cancer
 - Prevention, Early Detection, Diagnosis, Treatment, Quality of Life, Survivorship to End of Life

The cancer journey

Better cancer services every step of the way



Source:
<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=282721>



Increasing CRC Screening

Comprehensive Approach

CHANGES IN:

Appropriate

POLICIES

Affordable

Accessible



ENVIRONMENT

Acceptable

SYSTEMS

Available



Increasing CRC screening *Policy Approach*



- Policies allowing flex time can be useful in creating opportunities for employees to schedule/arrange for a screening during the day yet maintain their expected number of work hours. Flextime policies allow employees to shift their work schedules, such as coming in earlier or later or taking a lunch break at alternate times



Increasing CRC Screening *Systems Approach*



Provider Reminders

- Reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall"). The reminders can be provided in different ways, such as in client charts or by e-mail.

(<http://www.thecommunityguide.org/cancer/screening/provider-oriented/reminders/html>.)



Systems Approach Continued

Examples of provider reminder interventions include:

1. Activating/utilizing the provider reminder function in an EHR to remind providers that the patient is due or overdue for screening. Reminders could include information about US Preventive Service Task Force (USPSTF) recommendations for CRC screening.
2. Creating a system where clearly visible reminders are placed on paper charts prior to the office visit with the provider.



Systems Approach Continued

Client reminders

- Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening. Client reminders may be enhanced by one or more of the following: Follow-up printed or telephone reminders; Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers of screening; Assistance in scheduling appointments



Reminders

- Build automatic yearly mailings of FIT, iFOBT, FOBT (whichever screening test you have access to) tests to patients of appropriate age into the patient care protocol



Source: http://www.cdc.gov/pcd/issues/2014/images/13_0276_01.jpg



Increasing CRC Screening *Systems Approach*

- **Provide Patient Navigation**

- 1 on 1 support that can help a patient throughout their cancer treatment process (how they feel, checking up, asking for help when needed, reminding patients of appointments, etc.)





Environmental Change Approach

Structural Barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by: Reducing time or distance between service delivery settings and target populations;

- Modifying hours of service to meet client needs;
- Offering services in alternative or non-clinical settings (e.g., mobile mammography or vans at worksites or in residential communities)



Bridging Partnerships Through PSE

- Establishes a coalition of partners to identify issues of a population
- Helps to address triggers for harmful coping behavior(s)
- Tribes can model state or national policies and tailor policies to be culturally-appropriate
- Helps states and tribes to communicate effectively
- Supports long-term solutions
- Pulls resources and people
- Foundational: often produces behavior change over time
- Creates strong, self-sufficient Native American communities





Role of Partners

- Assist with assessments
- Be willing to implement strategies in your setting (businesses, health care providers, schools, etc.)
- Be advocates! Host forums, hold meetings, provide information to community leaders
- Provide media coverage
- Promote benefits (environmental, economic development, higher achieving youth) of healthier communities



Take Home Points

- If we focus on adapting policies, systems, and environmental change we will maximize our resources by extending the impact and we can reach more people!
- If we can modify environments, we can support healthy choices across a POPULATION rather than just on an individual level!



Links to PSE Information

Most Common Policy, Systems, and Environmental (PSE) Change Strategies Implemented by Steps Communities, & Steps Program Performance Measures and Indicators- http://www.cdc.gov/pcd/issues/2012/11_0220.htm

CDC's Healthier Communities Guide. Sustainability Guide- http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Health Department of Minnesota. Understanding PSE Change to improve health- <http://www.health.state.mn.us/ommh/committees/ommhadvcomm/policypres0110.pdf>

Community

Fruit and vegetable promotion (nonspecific) <http://www.leadershipforhealthycommunities.org/content/view/325/192/>

Access to community health facilities <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>

New trails or walking paths Develop walking guides and maps to illustrate points of interest within walking distance of center of town http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Walkability/bikeability assessments <http://www.saferoutesinfo.org/program-tools/education-walkability-checklist> Grocery food/restaurant menu labeling

<http://fnic.nal.usda.gov/food-labeling>

Trail promotions <http://www.leadershipforhealthycommunities.org/action-strategies-toolkitmenu-122/land-use-for-active-living-toolkitmenu-128?task=view&id=294>

Healthy vending (not schools or worksites) <http://www.communitycommons.org/2014/01/healthy-vending-machines-in-2014/>

Smoke-free parks (policies and ordinances) <http://www.tobaccofreeparks.org/materials.html>

Farmers' markets <http://www.fns.usda.gov/ebt/learn-about-snap-benefits-farmers-markets>

Community gardens <http://publichealthlawcenter.org/sites/default/files/resources/shipfs-ww-communitygarden-2011.pdf> Parks/playground access <http://www.nytimes.com/2012/07/01/nyregion/new-york-introduces-its-first-adult-playground.html?pagewanted=all&r=0>

Food sustainability <http://www.simplebites.net/10-tips-for-sustainable-eating/> Smoke-free housing http://www.mnsmokefreehousing.org/documents/Smoke_free_policy_Public_Housing.pdf



Schools

Nutrition education curriculum Youth Obesity Prevention

<http://www.leadershipforhealthycommunities.org/component/content/article?id=113>
<http://www.leadershipforhealthycommunities.org/images/stories/make-a-difference.pdf>

Healthy cafeteria/vending food options

http://www.banpac.org/healthy_vending_machine_toolkit.htm

Healthy food/beverage options at school events

<http://school.fueluptoplay60.com/tools/nutrition-education/view.php?id=23945657>

Asthma management policies

http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.pdf

Increased recess time (with physical activity options)

http://www.cdc.gov/healthyyouth/physicalactivity/pdf/13_242620-A_CSPAP_SchoolPhysActivityPrograms_Final_508_12192013.pdf

Tobacco-free campuses

<http://www.ndhealth.gov/tobacco/Schools/School%20Policy%20Tool%20Kit.pdf>

School gardens <http://www.kidsgardening.org/node/120>

Diabetes management <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/>

- Tobacco cessation programs
<http://www.tobaccofreekids.org/research/factsheets/pdf/0153.pdf>

Physical education 3-5 days/week

<http://www.leadershipforhealthycommunities.org/component/content/article?id=551>



Worksite

Space for exercise on-site-

http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/Steps2Wellness_BR_OCH14_508_Tag508.pdf

Smoking cessation program

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

Reduced-price or free gym membership

<http://health.mo.gov/data/pdf/WorksiteWellness.pdf>

Paid/flex work time for exercise

<http://www.window.state.tx.us/specialrpt/obesitycost/work.php>

Insurance break for risk reduction

<http://www.window.state.tx.us/specialrpt/obesitycost/work.php>

Breastfeeding policy <http://womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/policy-for-supporting-breastfeeding-employees.pdf>

Healthy meeting food policy

http://www.cdc.gov/nccdphp/dnpa/pdf/Healthy_Worksite_food.pdf

Tobacco-free worksite (*American Cancer Society, Tobacco Use in the Work Place- a model policy*)

<http://www.cancer.org/healthy/stayawayfromtobacco/smokefreecommun>

[ities/createasmoke-free workplace/smoking-in-the-workplace-a-model-policy](#)

Health risk assessment

<http://www.cdc.gov/workplacehealthpromotion/assessment/index.html>

Stairwell promotion

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/stairwell/index.htm>

Healthy vending machine policy

http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Health Care Facility

Counseling on risk factors (physical activity, nutrition, smoking)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048340/> Chronic care model

http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2

Tobacco cessation

http://www.scdhec.gov/health/chcdp/tobacco/docs/healthcare_facilities_model_policy.pdf

Community health workers

<http://www.health.state.mn.us/omh/projects/chw.html>



Questions?



Thank you!

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