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NATIONAL NATIVE NETWORK



Technical Assistance Webinar

CDC's Cancer Control Efforts in Indian Country

Presented by:

- Donald Haverkamp, MPH; Epidemiologist; Centers for Disease Control and Prevention
- LT Andrea Carpitcher, RN, MSN; Breast & Cervical Cancer Early Detection Program Director; Cherokee Nation
- Chad Ratigan; Program Manager; Great Plains Tribal Chairmen's Health Board

CDC's Cancer Control Efforts in Indian Country



Donald Haverkamp, MPH

Epidemiologist

Centers for Disease Control and Prevention

2003 Master of Public Health - San Diego State University; San Diego, CA –
Public Health and Epidemiology

1989 Bachelor of Science - San Diego State University; San Diego, CA –
Community Health Education

CDC's Cancer Control Efforts in Indian Country



Donald Haverkamp completed a Master of Public Health degree from the San Diego State University's Graduate School of Public Health in 2003. He joined the Centers for Disease Control and Prevention (CDC) as a Public Health Prevention Service Fellow in 2004, and completed a field assignment with CDC and Indian Health Service (IHS) colleagues in Albuquerque, New Mexico.

Donald joined CDC's Division of Cancer Prevention and Control as an epidemiologist in 2007 and continues to work in Albuquerque, NM, where he primarily focuses on developing and promoting strategies and projects that help increase cancer screening among AI/AN populations.

CDC's Cancer Control Efforts in Indian Country



LT Andrea Carpitcher, RN, MSN; USPHS Commissioned Corps
Program Director
Cherokee Nation Breast & Cervical Cancer Early Detection Program

2015 – Master of Science in Nursing – Northeastern State University;
Tahlequah, Oklahoma – Nursing (Education)

2010 – Bachelor of Science in Nursing – Northeastern State University;
Tahlequah, Oklahoma - Nursing

2000 – Associates Degree in Nursing – Bacone College; Muskogee,
Oklahoma - Nursing

CDC's Cancer Control Efforts in Indian Country



Lt. Carpitcher has 18 years experience as a registered nurse with professional experiences in both in-patient and community direct-care settings.

Lt. Carpitcher's career focus has been in women's healthcare and community wellness.

Most recently, she has attained a master of science in nursing education and joined the US Public Health Service as a commissioned officer in efforts to broaden her knowledge and expand her reach as a nurse.

As a Cherokee Nation citizen, it has been her life endeavor to contribute to healthier living among our people, and she is excited for new opportunities to impact Indian Country in her new role as program director for Cherokee Nation BCCEDP.

CDC's Cancer Control Efforts in Indian Country



Chad Ratigan

Project Manager

Great Plains Tribal Chairmen's Health Board

2018 – Bachelor of Science – Healthcare Administration – Walden University; Minneapolis, Minnesota

CDC's Cancer Control Efforts in Indian Country



Chad Ratigan is an enrolled member of the Cheyenne River Sioux Tribe of South Dakota. Chad has worked in the healthcare setting for the past ten years and is currently the program manager for the Great Plains Colorectal Cancer Screening Initiative (GPCCSI).

Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP13-1314 Consortium of Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities grant. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.
- No commercial interest support was used to fund this activity.

Accreditation

- The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- This activity is designated 1.0 contact hour for nurses.

CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety, and submit a completed post-webinar survey.
- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.

Learning Objectives/Outcomes

By the end of this webinar, participants will be able to:

1. Examine the CDC's Division of Cancer Prevention and Control data on cancer in AI/AN populations.
2. Implement strategies and key interventions to prevent and detect breast, cervical, and colorectal cancer in AI/AN populations

CDC

Division of Cancer Prevention and Control

Overview of Activities in AI/AN Populations

Donald Haverkamp, MPH
Epidemiologist

NNN and IHS HP/DP Webinar

June 27, 2018

Division of Cancer Prevention and Control

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All People Free of Cancer

Aspirations

Elimination of preventable cancers

All people get the right care at the right time for the best outcome

Cancer survivors live longer, healthier lives

Strategic Priorities

Reduce the incidence of preventable cancers by reducing modifiable risk factors and promoting healthy behaviors ... by educating people on obesity-related cancers



Scale our best practices to increase impact of screening continuum



Improve health outcomes for cancer survivors



Our Guiding Principles

Address Health Disparities

Define Expected Outcomes Upfront

Collaborate

Communicate: Tailor to a Specific Audience

Our Key Strengths

Data

Translation & Evaluation

Partnership

Goal and Aspirations
Our longer term **strategic framework**.

Strategic Priorities
Objectives are identified based on need and our **potential to impact** that change over time as desired outcomes are achieved.

Key Strengths
We demonstrate our key strengths by combining **flawless execution** of the familiar and a constant focus on innovation.

DCPC Branches

- Comprehensive Cancer Control Branch (**CCCB**)
- Cancer Surveillance Branch (**CSB**)
- Epidemiology and Applied Research Branch (**EARB**)
- Program Services Branch (**PSB**)

Comprehensive Cancer Control Branch (CCCB)



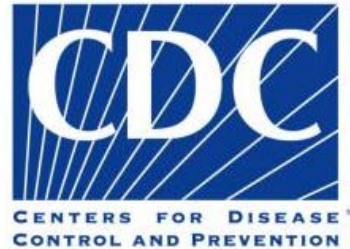
**Manages the
National
Comprehensive
Cancer Control
Program since
1998**



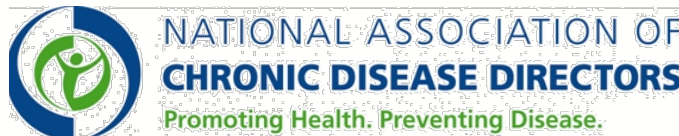
Collaborating to Conquer Cancer

- Supports robust state-, tribal, territorial-wide coalitions
- Addresses public health needs of cancer survivors
- Plans and implements policy, systems, and environmental changes that emphasize primary prevention of cancer and supports early detection and treatment activities
- Promotes health equity
- Establishes diverse partnerships

Comprehensive Cancer Control National Partnership



acscan.org



CCCP: Tribal organizations

1. Alaska Native Tribal Health Consortium
2. American Indian Cancer Foundation
3. California Rural Indian Health Board, Inc.
4. Cherokee Nation
5. Fond du Lac Reservation
6. Inter-Tribal Council of Michigan, Inc.
7. Northwest Portland Area Indian Health Board
8. South Puget Intertribal Planning Agency



To find Comprehensive Cancer Control Plans, go to:
<https://nccd.cdc.gov/CCCSearch/Default/Default.aspx>

Cancer Surveillance Branch (CSB)

- Manages the National Program of Cancer Registries (NPCR)
 - Provides funding, technical assistance, and quality standards
- Collects data or information that includes:
 - Type of cancer
 - Location of cancer in the body
 - Degree that cancer has spread
 - Type of initial treatment
 - Outcomes of treatment
- Leads, supports, and enhances cancer surveillance and monitoring systems
 - Evaluates cancer programs' successes
 - Identifies additional needs for cancer prevention and control efforts

Population-based Cancer Registries

The National Program of Cancer Registries began in 1992.



- 46 states, the District of Columbia, Puerto Rico, U.S. Pacific Island jurisdictions, and the U.S. Virgin Islands
- 1.6 million new invasive cancer cases submitted to CDC each year
- Complements NCI's SEER program
- *CDC's Vision: Increase completeness, timeliness and usefulness of registry data*

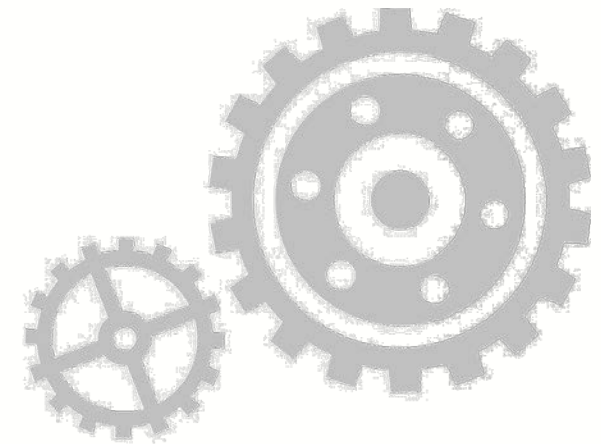
Cancer registry data and AI/AN race

- Race misclassification of AI/AN occurs in cancer surveillance & vital statistics databases
- Varies by state
- Decreasing misclassification can improve accuracy of health indicators & program planning/resource allocation

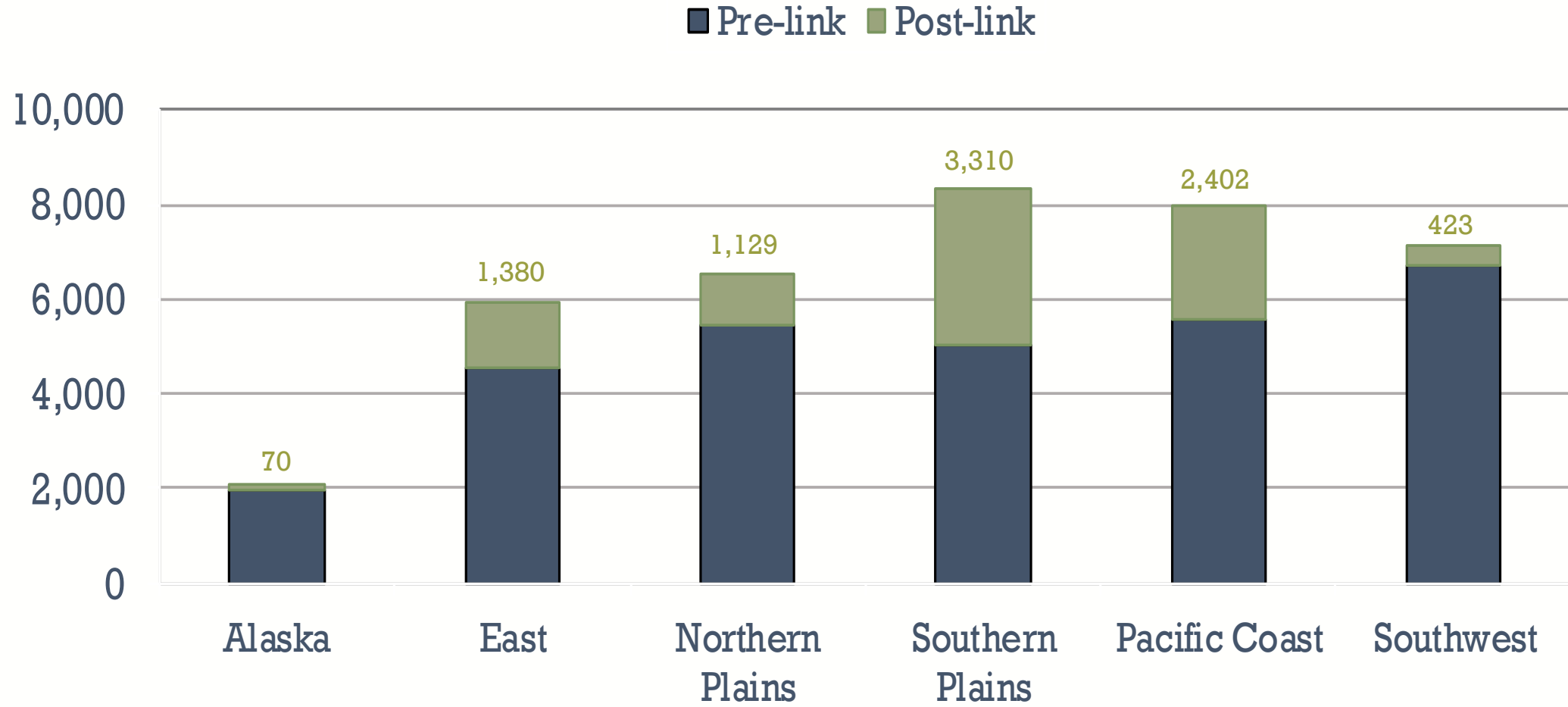


IHS Linkage: NPCR & SEER

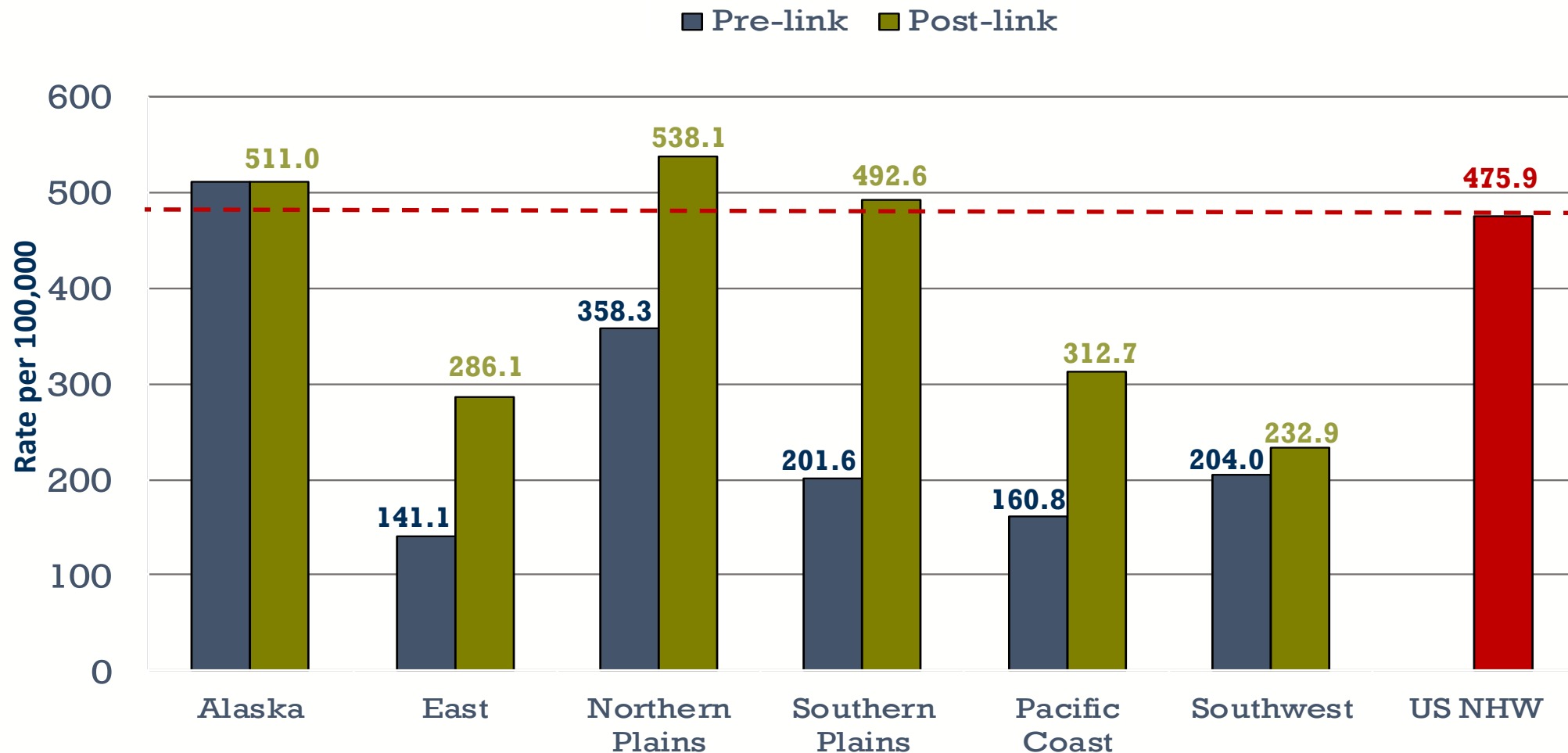
- Link administrative records from IHS with records from central cancer registries
 - Centers for Disease Control and Prevention's
 - National Program of Cancer Registries (NPCR)
 - National Cancer Institute's
 - Surveillance, Epidemiology, and End Results (SEER)
- Identify AI/AN cases misclassified as non-Native
- Results are captured in “IHS Link” variable
 - NAACCR item #192



Number of individuals identified by IHS linkage for 2006 data submission



AI/AN cancer rates for all sites by IHS region, compared to US NHW, both sexes, 1999-2004



USCS Data Visualization Tool

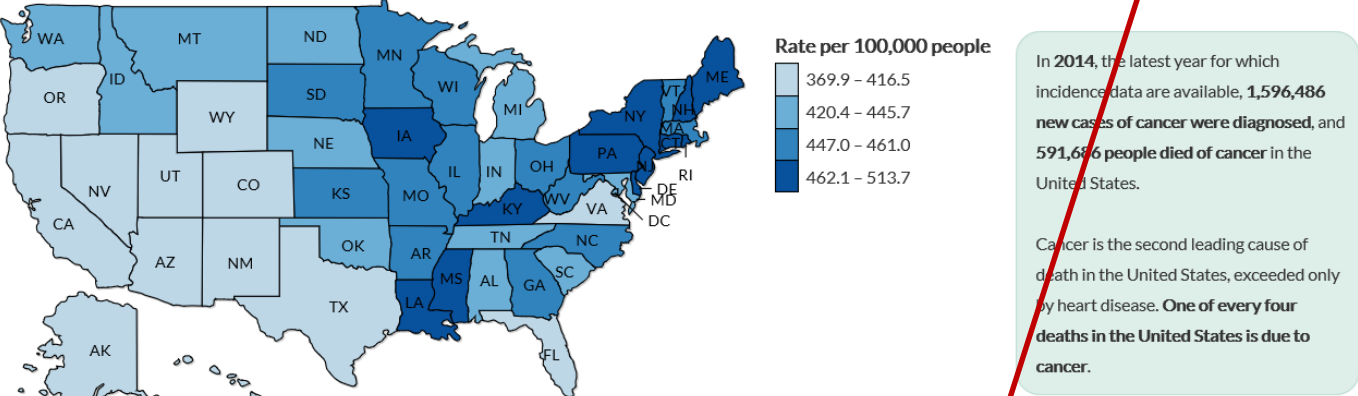
The official federal statistics on cancer incidence and deaths, produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).

Overview | U.S. Cancer Demographics | Cancer Trends | State Cancer Overview | State Data and Ranking | More Information | **AI/AN**

New Cases (Incidence) or Deaths (Mortality)? Sex Both Sexes Male Female Cancer Type All Types of Cancer Year 2014 2010-2014

Leading Cancer Cases and Deaths, 2014

Rates of New Cancer Cases in the United States
All Types of Cancer, All Ages, All Races/Ethnicities, Both Sexes



AI/AN data tab to be added by Fall 2018, and will include leading cancer cases by IHS region, 2011-2015, and will be updated yearly

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

United States Cancer Statistics: Data Visualizations

The official federal statistics on cancer incidence and deaths, produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).

Technical Notes | Download Data | Archive | Cancer Data and Statistics Tools | About USCS | Questions and Answers | Glossary

Overview | Demographics | Trends | State/County Statistics | Survival | Prevalence | Related Data

Area Georgia County (2010-2014) Gwinnett County New Cases (Incidence) or Deaths (Mortality) Rate of New Cancers Cancer Type All Types of Cancer Year 2014 2010-2014

Cancer burden: Gwinnett County, Georgia

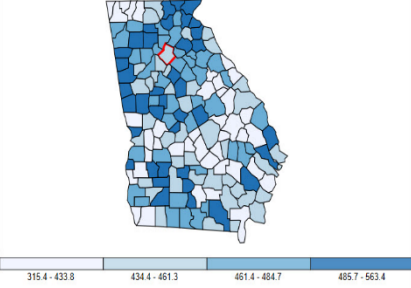
All Types of Cancer, 2010-2014

In Gwinnett County, Georgia in 2010-2014, there were 14,997 new cases of cancer. For every 100,000 people, 440 cancer cases were reported.

Over those years, there were 4,162 people who died of cancer. For every 100,000 people in Gwinnett County, Georgia, 142 died of cancer.

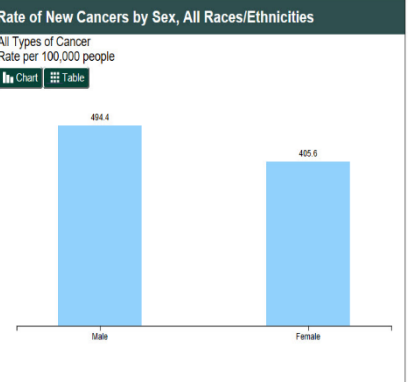
Rate of New Cancers in Gwinnett County, Georgia

All Types of Cancer, All Ages, All Races/Ethnicities, Male and Female
Rate per 100,000 people



Rate of New Cancers by Sex, All Races/Ethnicities

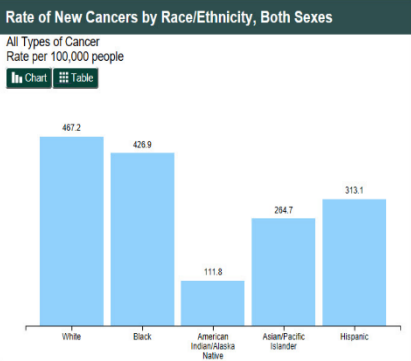
All Types of Cancer
Rate per 100,000 people



Sex	Rate per 100,000 people
Male	494.4
Female	465.6

Rate of New Cancers by Race/Ethnicity, Both Sexes

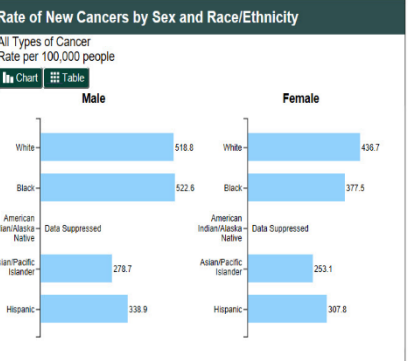
All Types of Cancer
Rate per 100,000 people



Race/Ethnicity	Rate per 100,000 people
White	487.2
Black	426.9
American Indian/Alaska Native	111.8
Asian/Pacific Islander	284.7
Hispanic	313.1

Rate of New Cancers by Sex and Race/Ethnicity

All Types of Cancer
Rate per 100,000 people

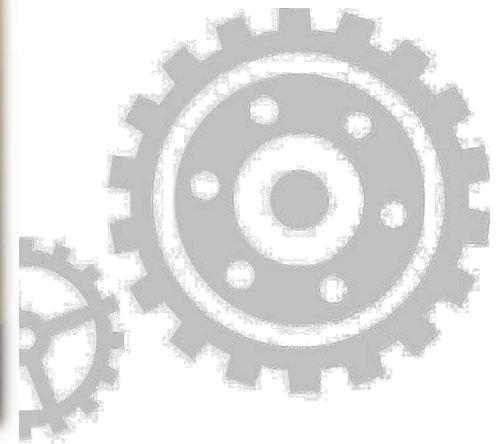


Sex	Race/Ethnicity	Rate per 100,000 people
Male	White	518.8
	Black	522.6
	American Indian/Alaska Native	Data Suppressed
	Asian/Pacific Islander	278.7
	Hispanic	338.9
Female	White	436.7
	Black	377.5
	American Indian/Alaska Native	Data Suppressed
	Asian/Pacific Islander	253.1
	Hispanic	307.8

Epidemiology and Applied Research Branch (EARB)

- Provides data, evidence, and tools needed to apply best practices within population-based cancer prevention and control
- Works with partners (including IHS and Tribes) to generate and explain how to apply scientific knowledge to public health practice
- Provides leadership in setting the national agenda for cancer prevention and control
- Conducts public health research across the cancer spectrum

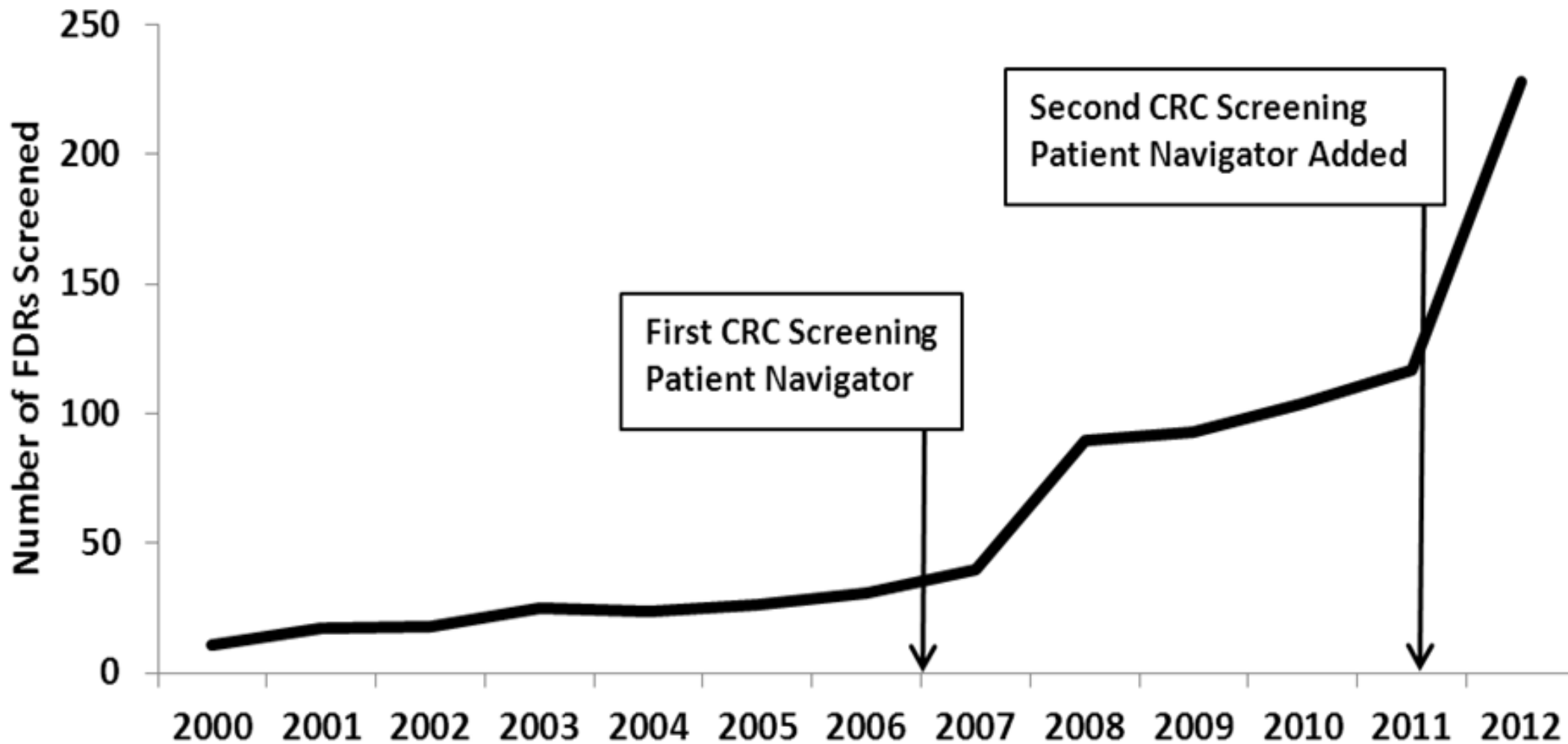
CRC Family History Outreach Project (2007-present) at ANTHC



Patient Navigator Demonstration Project



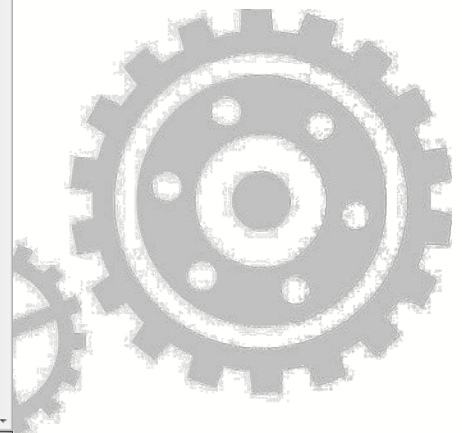
First Degree Relatives Screened from the ANTHC Family History Outreach Program



Available at: <http://www.akchap.org/html/distance-learning/cancer-education.html>



The screenshot shows a web browser window displaying the Alaska Community Health Aide Program website. The page features a navigation menu with links for Home, About CHAP, Calendar, CHAPCB, CHAM, Distance Learning, Resources, and Library. The main content area is titled "Cancer Education" and includes a section for "Dance of Life" with an illustration of five people in traditional Alaskan attire. Below this is a "New Cancer Education Movie" section titled "A New Story" with a brief description and a small video thumbnail. A "Cancer Education Navigation" sidebar on the right lists various resources like "Cancer Education Home", "Cancer Movie Connections", "Cancer Continuing Education", "Understanding Cancer Glossary", "Understanding Cancer Manual", "Activities", "Readers' Theatre", and "Helpful Resources". The website has a yellow and blue color scheme with a search bar and a plus sign icon.

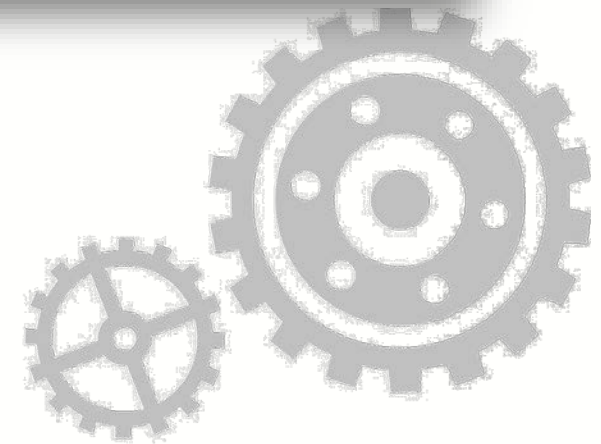





Alaska FIT Study 2008-2012


FIT Study in the Southwest

- Randomized controlled trial
- Setting
 - 3 IHS/Tribal Health facilities in New Mexico
- Participants
 - Ages 50-75
 - Not up-to-date with CRC screening
 - No history of CRC or total colectomy
- Study groups
 - **Group 1:** Usual care
 - **Group 2:** Mailed FIT kit
 - **Group 3:** Mailed FIT kit + CHR outreach



ALBUQUERQUE AREA SOUTHWEST  TRIBAL EPIDEMIOLOGY CENTER

HOME | OUR TEAM | WHO WE SERVE | SERVICES & PROGRAMS | REPORTS & PUBS | LEARN MORE



Treasure Our Elders!
Angelita Berry – Ute Mountain Ute Tribe

Tribal Colorectal Health Program

The Tribal Colorectal Health Program is a demonstration program funded by the Centers for Disease Control and Prevention, in cooperation with the National Indian Health Service Division of Epidemiology and Disease Prevention. The primary objectives of this program are to:

- Build knowledge and skills among Community Health Representatives (CHRs)

Digital Stories/Videos

- Treasure Our Elders!
- As'dzaa Diabetes
- Caring For My People
- Take Your Passion And Make It Happen
- Go Lytely
- Making A Difference
- Keep Our Elders Safe
- Touch Of Life
- When Stars Shine
- Becoming A C.H.R.
- Following In My Mother's Footsteps
- Four Directions Health
- Walk In Beauty
- My Mother Prayed Cancer Away
- Women Are Healers
- The Caring Way: FOBT For Colorectal Health
- Procedures To Complete A GFOBT Test
- Procedures To Complete An IFOBT Test (E.G. Polymedco OC Light)
- Preparing Your Toilet For An FOBT Test
- Procedures To Complete An IFOBT Test (E.G. Hemosure, Clearview)

Radio PSAs

- Judith's Message 1
▶ 00:00
- Angelita's Message
▶ 00:00
- Star's Message
▶ 00:00

Program Services Branch (PSB)

- Manages the National Breast and Cervical Cancer Early Detection Program (**NBCCEDP**) and the Colorectal Cancer Control Program (**CRCCP**)
 - Increases the use of evidence-based interventions and population-based approaches to increase screening for breast, cervical, and colorectal cancer
 - Identifies and addresses emerging national issues that have an impact on grantees
 - Provides high level support and technical assistance

Breast and Cervical Cancer Screening

CDC's Vision: increase population level screening rates



The National Breast and Cervical Cancer Early Detection Program began in 1991.

- Important safety net that has provided >12M screening exams
- Expanding program to meet needs of new public health roles



Breast and Cervical Cancer Screening

CDC's Vision: increase population level screening rates



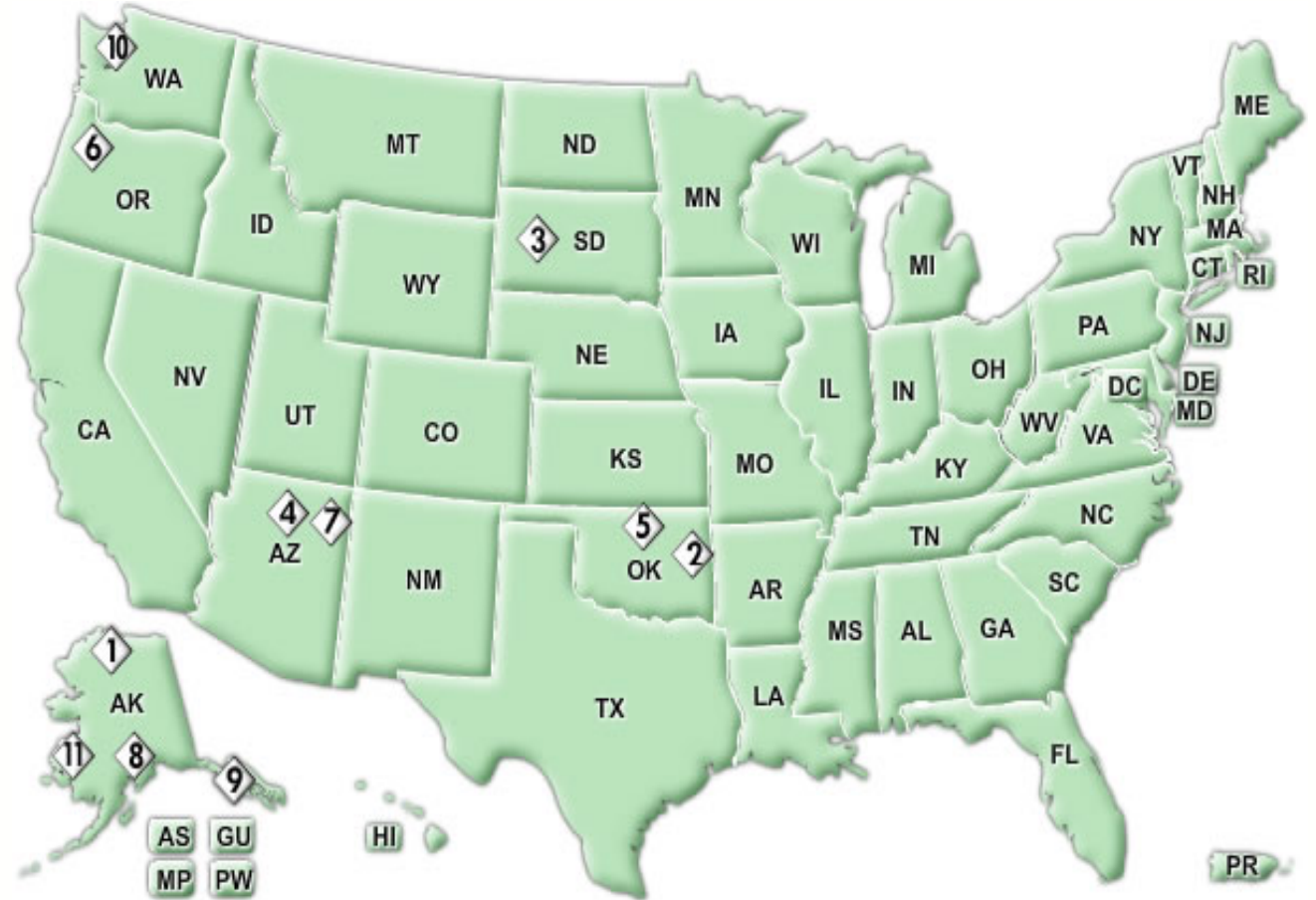
The National Breast and Cervical Cancer Early Detection Program began in 1991.

- Important safety net that has provided >12M screening exams
- Expanding program to meet needs of new public health roles



NBCCEDP's 11 Tribal organizations and 5 U.S. territories

1. Arctic Slope Native Association, Ltd.
North Slope Borough, Barrow, AK
2. Cherokee Nation
Tahlequah, OK
3. Cheyenne River Sioux Tribe
Eagle Butte, SD
4. Hopi Tribe
Kykotsmovi, AZ
5. Kaw Nation
Kaw City, OK
6. Native American Rehabilitation Association
of the Northwest, Inc.
Portland, OR
7. Navajo Nation
Window Rock, AZ
8. South Puget Intertribal Planning Agency
Shelton, WA
9. Southcentral Foundation
Anchorage, AK
10. Southeast Alaska Regional Health Consortium
Sitka, AK
11. Yukon-Kuskokwim Health Corporation
Bethel, AK



Tenets of the CRCCP Model



Integrate public health and primary care



Focus on defined, high-need populations



Establish partnerships to support implementation



Implement sustainable health system changes



Use evidence-based strategies to maximize limited public health dollars



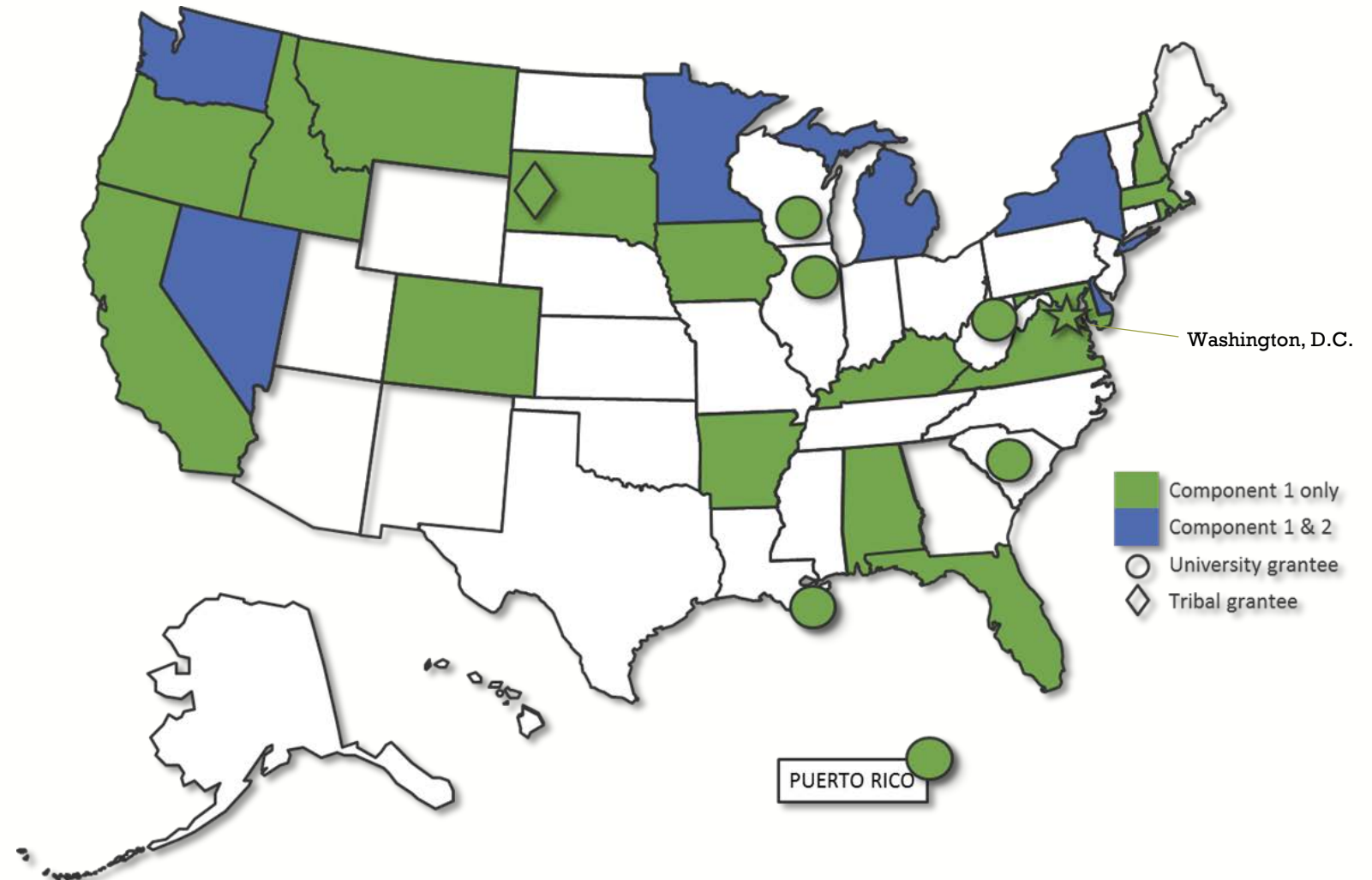
Encourage innovation in adaptation of EBIs



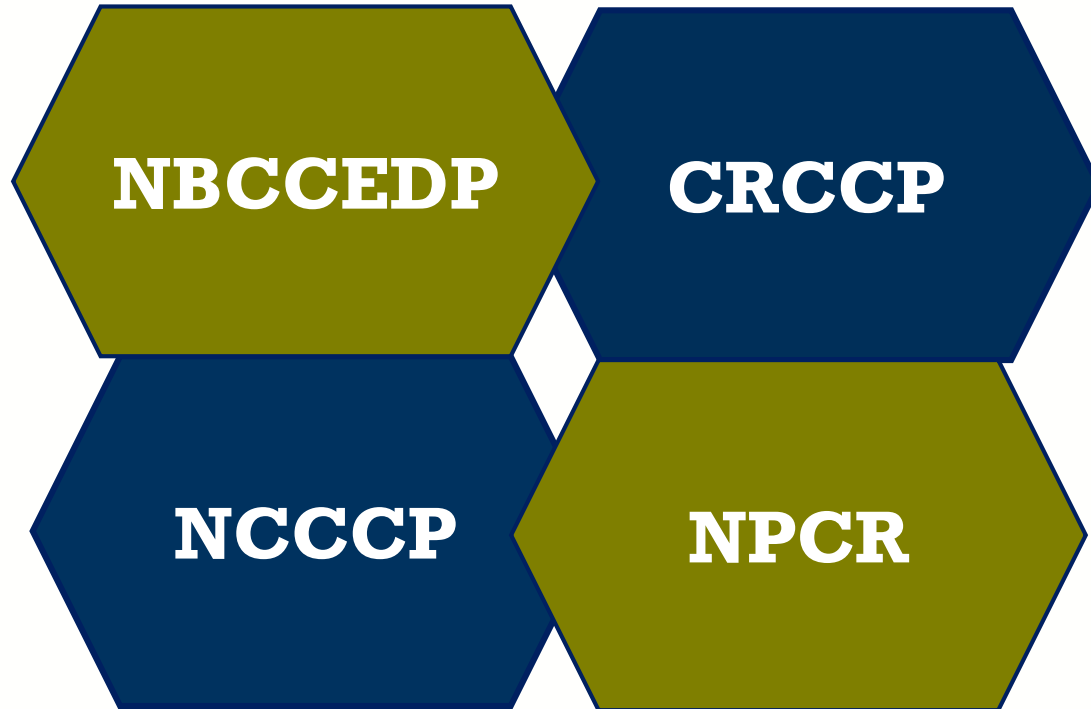
Use data for program improvement and performance management

The Colorectal Cancer Control Program funded 30 grantees in 2015

- ✓ 23 states
- ✓ 6 universities
- ✓ 1 tribe



Coordination and Collaboration Across Cancer Programs



National Breast and Cervical Cancer Early Detection Program (**NBCCEDP**)

Colorectal Cancer Control Program (**CRCCP**)

National Comprehensive Cancer Control Program (**NCCCP**)

National Program of Cancer Registries (**NPCR**)

Division of Cancer Prevention and Control Initiatives and Campaigns



Follow
DCPC
Online!



@CDC_Cancer



CDC Breast Cancer


Go to the official source of cancer prevention information: www.cdc.gov/cancer.

Donald Haverkamp, MPH

cyq1@cdc.gov

(505) 235-1163

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Division of Cancer Prevention and Control

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Great Plains Colorectal Cancer Screening Initiative

DP15-1502, Project period: 6/30/15 to 6/29/20

Chad Ratigan
Program Manager



History & Background of Tribe(s) & Program

- 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 and 20 facilities 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 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

Santee Sioux 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



GPCCSI Staffing & Coverage



Tinka Duran- Project Director



Chad Ratigan- Program Manager



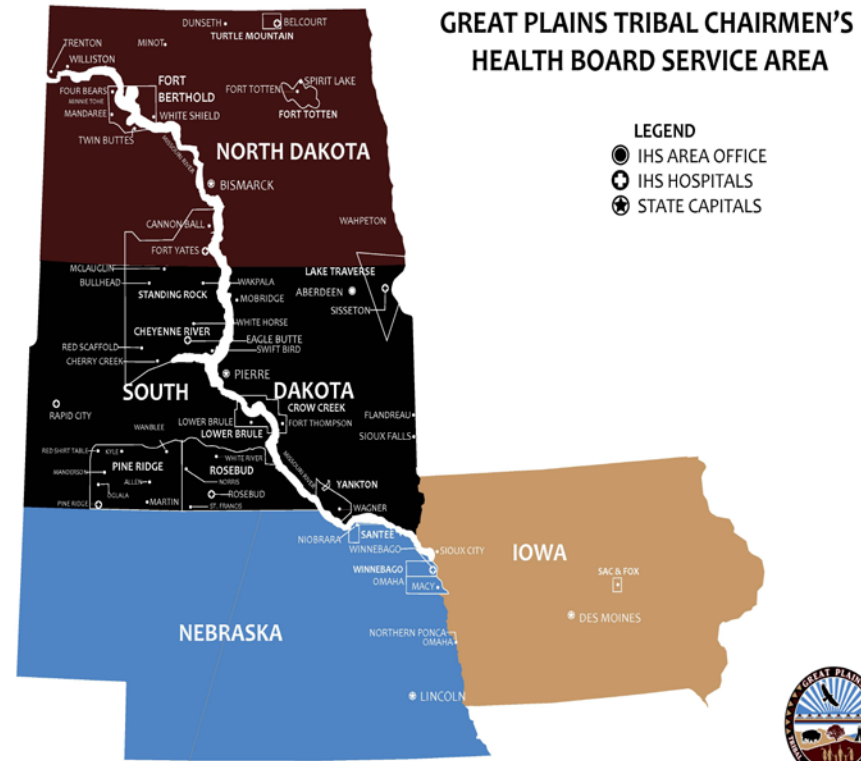
Eugene Giago- North Dakota/areas of South Dakota



Gina Johnson- Primarily South Dakota Region



Devero Yellow Earring- Nebraska and Iowa





Establish partnerships that support increase of CRC screening.

- Quarterly GP Task Force call. (07/27/17 - 10/24/17 – 01/11/18 – 04/30/18)
- Collaboration of state CRC programs & stakeholders
- Networking Cancer Symposium
- Established site visits
- Provider Assessments
- FluFIT

A flyer for the Great Plains Colorectal Cancer Screening Initiative. It features the organization's logo at the top left. The text includes: "Great Plains Colorectal Cancer Screening Initiative", "Great Plains Colorectal Cancer Screening Task Force", "So that the people may live", "Great Plains Colorectal Cancer Screening Task Force Webinar", "April 25, 2018", "10:00am MST – 11:00am MST", "https://global.gotomeeting.com/join/489436685", "Toll Free: 1-866-899-4679", "Access Code: 489-436-685". There is a cartoon character of a person with a thumbs up. Below that is the "AGENDA" section: "Turtle Mountain Tribal Health Education and IHS Public Health Nursing 'Honorable Mention'", "March Proclamations & Events", "Great Plains Tribal Chairmen's Health Board: 2018 Cancer Symposium", "Open Discussion". At the bottom, it says "Great Plains Colorectal Cancer Screening Initiative" and provides contact information for the Great Plains Tribal Chairmen's Health Board.





Increase evidence-based interventions and supporting strategies.

- Patient Reminders upon screening test distribution, pledge cards
- Community Assessments in Collaboration with ACS (SD CRC)
- Provider Assessments
- Reduction of structural barriers per sub-contract

A collage of three documents. The top document is a "Great Plains - Colorectal Cancer Screening Program Patient Navigation Program" informed consent form. The middle document is a "South Dakota Colorectal Cancer Screening Community Assessment Survey" with a list of provider types and checkboxes. The bottom document is a table with columns for "any other", "screening", "counseling", "any time", and "SDP funds".

	any other	screening	counseling	any time	SDP funds
Screening					
Counseling					
Follow-up/Provider					
SDP funds					



Increase high quality CRC screening among Great Plains American Indians (GPAI).

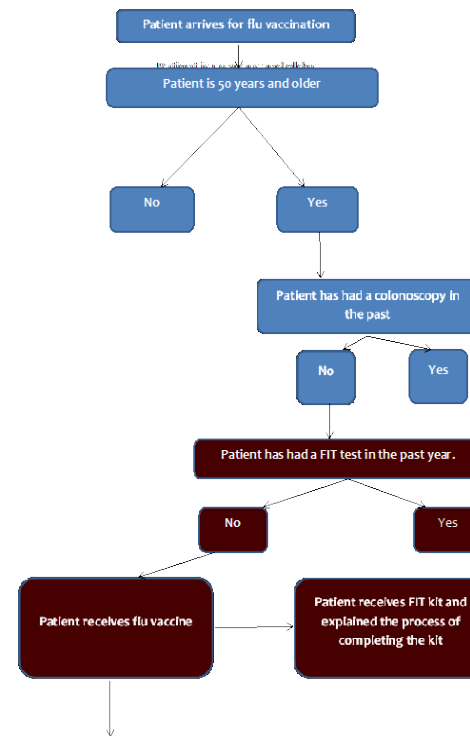
- Sub-contracts implementation of increased CRC rates and EBI's
- Reducing structural barriers
- Annual Flu/FIT
- Education and screening of FIT/FOBT
- Pre/post surveys



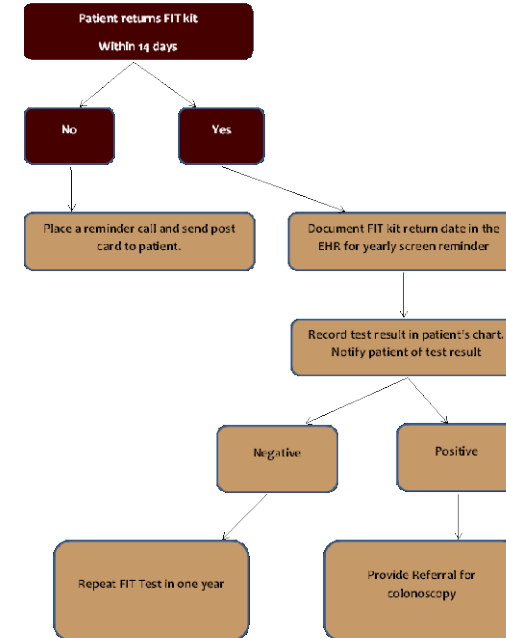
Increased adherence to timely, diagnostic procedures; and Increased rescreening times among patients.

- CRC screening rates have increased across the Great Plains region from 10% to over 20% per facility.
- Increased partnerships with States, Tribes and IHS
- Sustainability

FuFIT Flow Chart



FuFIT Flow Chart (Continued)





Increase supporting strategies of EBI's.

- **CRC educational materials**
 - Increase of distribution
 - Survivor stories
- **CRC resources**
 - Local and regional partners
- **Increase Technical Assistance**
 - Monthly check-in calls per sub-contract and tribal community
- **Evaluation of Sub-contracts implementation**
 - ACET Inc.
- **Increased community education of all Tribal facilities in the GP region**
 - Rollin Colon (pre/post surveys)
 - CRC 101
 - Distribution of materials





Provider Assessments

“Provider assessment and feedback interventions both evaluate provider **performance in delivering or offering screening** to clients (assessment) and **present providers with information about their performance** in providing screening performance (feedback).”

“Feedback may describe the performance of a **group** of providers (e.g., mean performance for a practice) or an **individual** provider, and may be compared with a goal or standard.”



Completed Provider Assessments

- Northern Ponca Service Unit
- Omaha Service Unit
- Winnebago Service Unit
- Santee Service Unit
- Rapid City Service Unit
- Pine Ridge Service Unit
- Trenton Service Unit
- MHA Health Center
- Spirit Lake Service Unit
- Turtle Mountain Service Unit
- Standing Rock Service Unit



Assessment Tools

1. **Checklist for Increased Screening**
2. Detailed Checklist
3. Checklist for Follow Through
4. Internal Practice Questionnaire
5. Chart Audit
6. Tracking Template
7. GPRA reports



Great Plains Tribal Chairmen's Health Board

Great Plains Colorectal Cancer
Screening Initiative Evaluation Toolkit

Prepared for:
Great Plains Colorectal Cancer Screening Initiative (GPCCSI)

May 2016

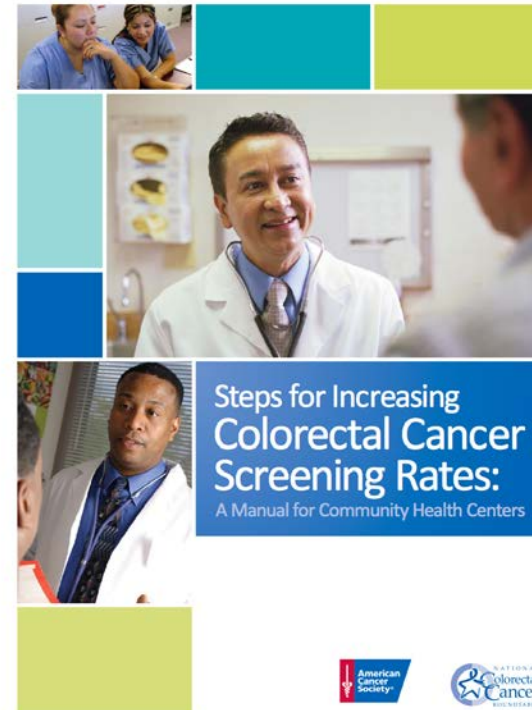
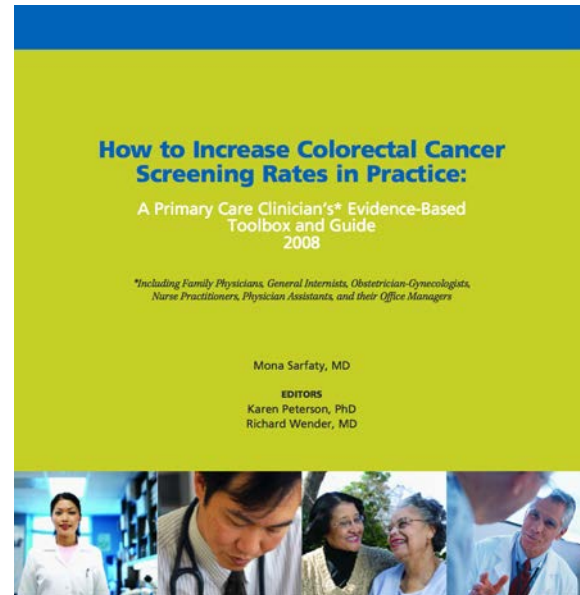
Great Plains Tribal Chairmen's Health Board
1770 Rand Road
Rapid City, SD 57702
P. 800.745.3466

GPCCSI is supported by funds from the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention (#1NU58DP006093-01-00) awarded to the Great Plains Tribal Chairmen's Health Board.



Guidance Documents

- Designed for internal clinic use.
- Modeled from two resources:





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

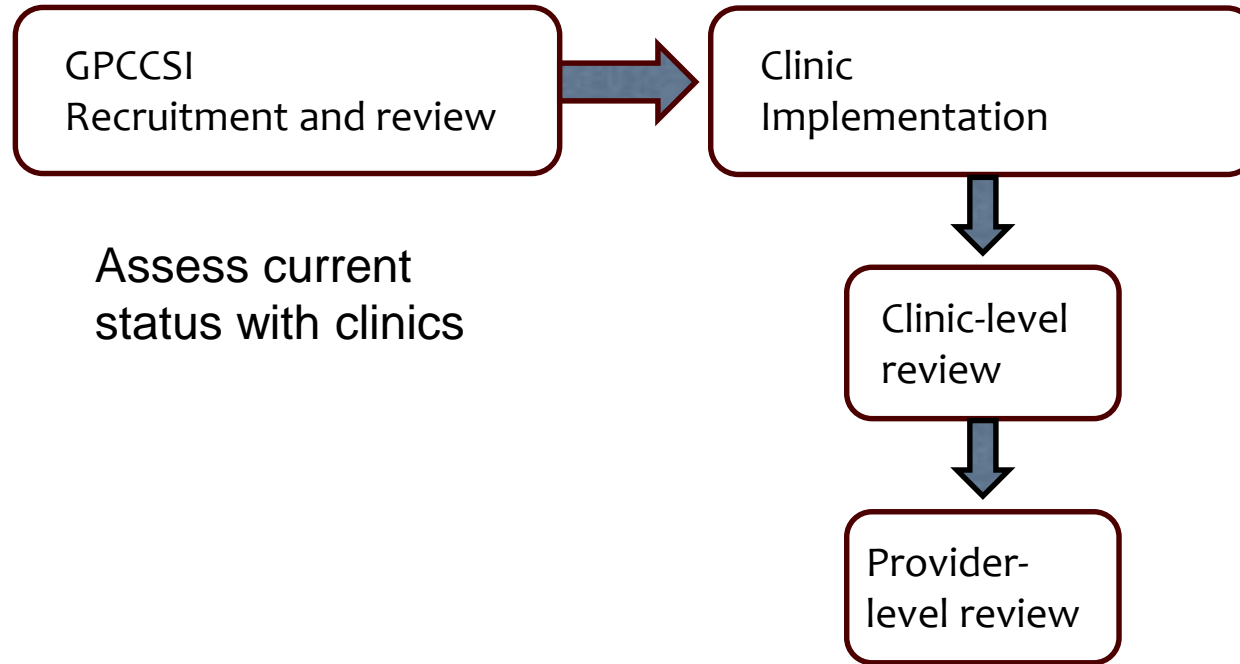
This tool is for internal clinical purposes. It can be used as a pre-/post-assessment of colorectal screening processes.

Date Completed: Clinic Name:

	Fully in place	In progress	Not yet in place	Notes
Your Recommendations				
1. For CRC cancer screening				
2. For complete diagnostic evaluation when screen is positive				
Quality Improvement				
a. GPRA CRC screening rates				
b. Review dates				
c. Feedback provided (group or individual providers)				
d. Level of comparison				
An Office Policy				
3. Policy Characteristics				
a. Determine individual risk level				
b. Identify local medical resources				
c. Assess insurance coverage				
d. Attend to office implementation				
4. Steps to implement policy in office				
An Office Reminder System				
5. Options for physicians				
a. Chart prompts				
b. Audits and feedback				
c. Ticklers and logs				
d. Staff assignment				
6. Options for patients				
a. Education				
b. Cues to action				
c. Posters and brochures				
d. Reminder postcards and letters				
e. Reminder calls				
An Effective Communication System				
7. Options for action				
a. Stage-based communication				
b. Shared decisions, informed decisions, decision aids				
c. Staff involvement				



System in Action





Strategies

- Planning, reminders, and meal orders
- Two facilitators
- Items to include (toolkits highlighted, laptop with PowerPoint and hyperlinks, copies of checklist, pens and highlighters, recorder with permission)
- Agenda topics:
 - Introductions and icebreaker
 - What and why
 - How and next steps
- Reflection and debrief



Subawardee Feedback

- GPCCSI staff provided support in implementing EBIs
- Materials shared by GPCCSI staff were valuable resources
- Community Grants were instrumental in increasing screening rates
- Challenges were noted in maintaining up to date contact information in patient files and tracking who screening kits were given too

“CRC screening—like I said, it wasn’t the priority that it should have been here, not only with myself as a provider, but the whole medical staff, in general. I think it’s [community grant] 100 percent responsible for our increased screening rates in addition to bringing colon cancer screening to a priority that it wasn’t before.”



2018 Cancer Symposium

- 100+ individuals
- Representation from every tribal community in the Great Plains Region (ND, SD, NE, IA)
- Social Media Campaign → #GPFightsCancer
- Topics Covered: AI/AN Cancer Disparities, Quality Improvement, Survivorship, Colorectal Cancer Task Force, HPV Awareness, Circle of Life, AI/AN Women's Health Cancer Disparities, Chronic Disease Self Management, Wisdom Warriors, Wicozani, Health Literacy



Colorectal Cancer Awareness Month

- Every year, March is recognized as Colorectal Cancer Awareness Month.
- GPCCSI created a campaign to encourage tribal communities to raise awareness about Colorectal Cancer.
- This campaign is a photo contest that requires participants to support Colorectal Cancer by taking a group photo wearing blue.
- A blue cancer ribbon represents Colon Cancer. You can use the hashtag #ShowYourBlueGP on social media to share photos and help raise awareness about this disease.



"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

#ShowYourBlueGP



"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

#ShowYourBlueGP



"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

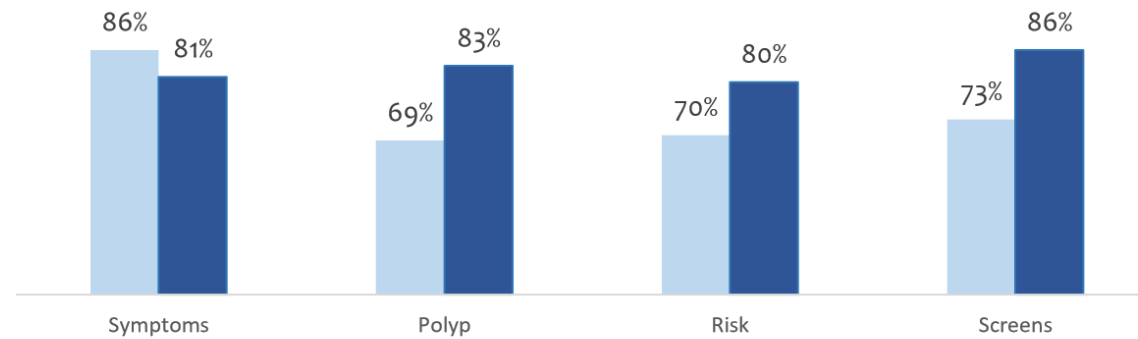
Rollin' Colon Events





Pre/Post-Test Data

Improved Knowledge of CRC* (pre- and post-test)



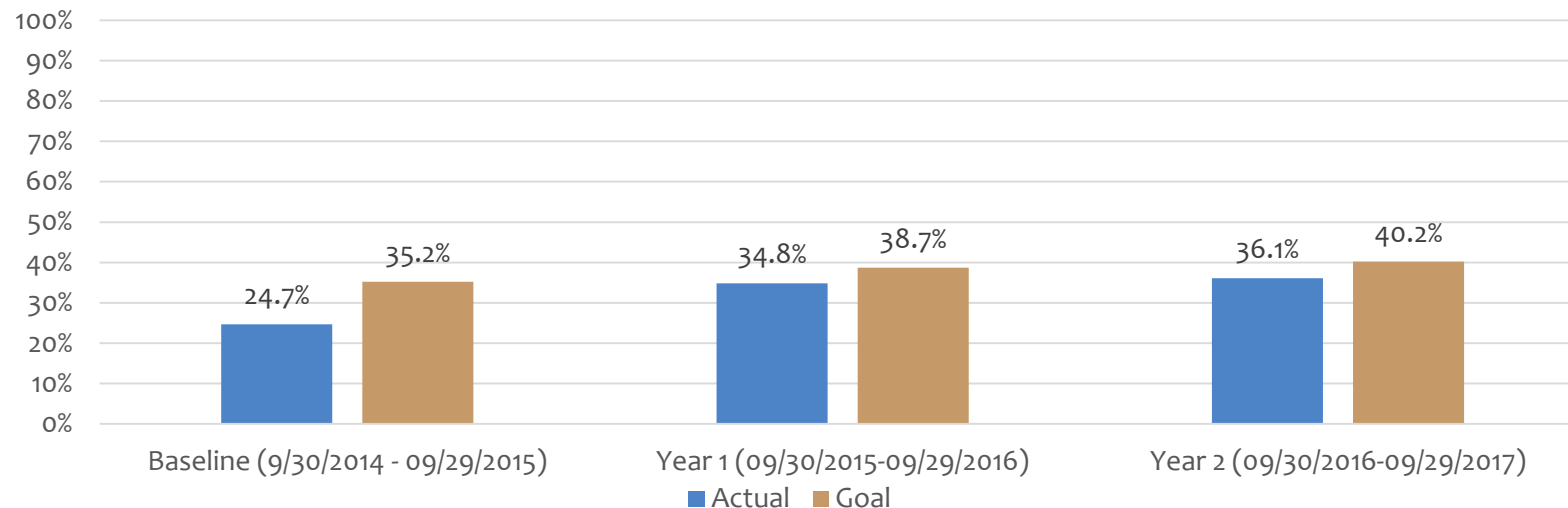
Questions	Pre-test	Post-test
A. Does colorectal cancer always have symptoms you can feel? ³ [Answer: No]	289 (86%)*	275 (81%)*
B. Does removing a polyp from your colon help prevent cancer? ² [Answer: Yes]	233 (69%)*	280 (83%)*
C. If you have a family member with colorectal cancer, are you at a higher risk of having it too? ² [Answer: Yes]	235 (70%)*	272 (80%)*
D. Which test screens for colorectal cancer? [Answer: Fecal Occult Blood Test, FOBT]	247 (73%)*	292 (86%)*

* Not all participants answered the question. Percentages are calculated based on responses.



CRC screening rates

- Increase from baseline to Y1, 9.62%
- Increase from baseline to Y2, 11.42%
- Ranging from a decrease of 9.5% to an increase of 33.7%





Thank you

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD (GPTCHB)

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Rapid City, SD 57703

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CHEROKEE NATION®



Breast & Cervical Cancer
Early Detection Program
(CNBCCEDP)

Overview

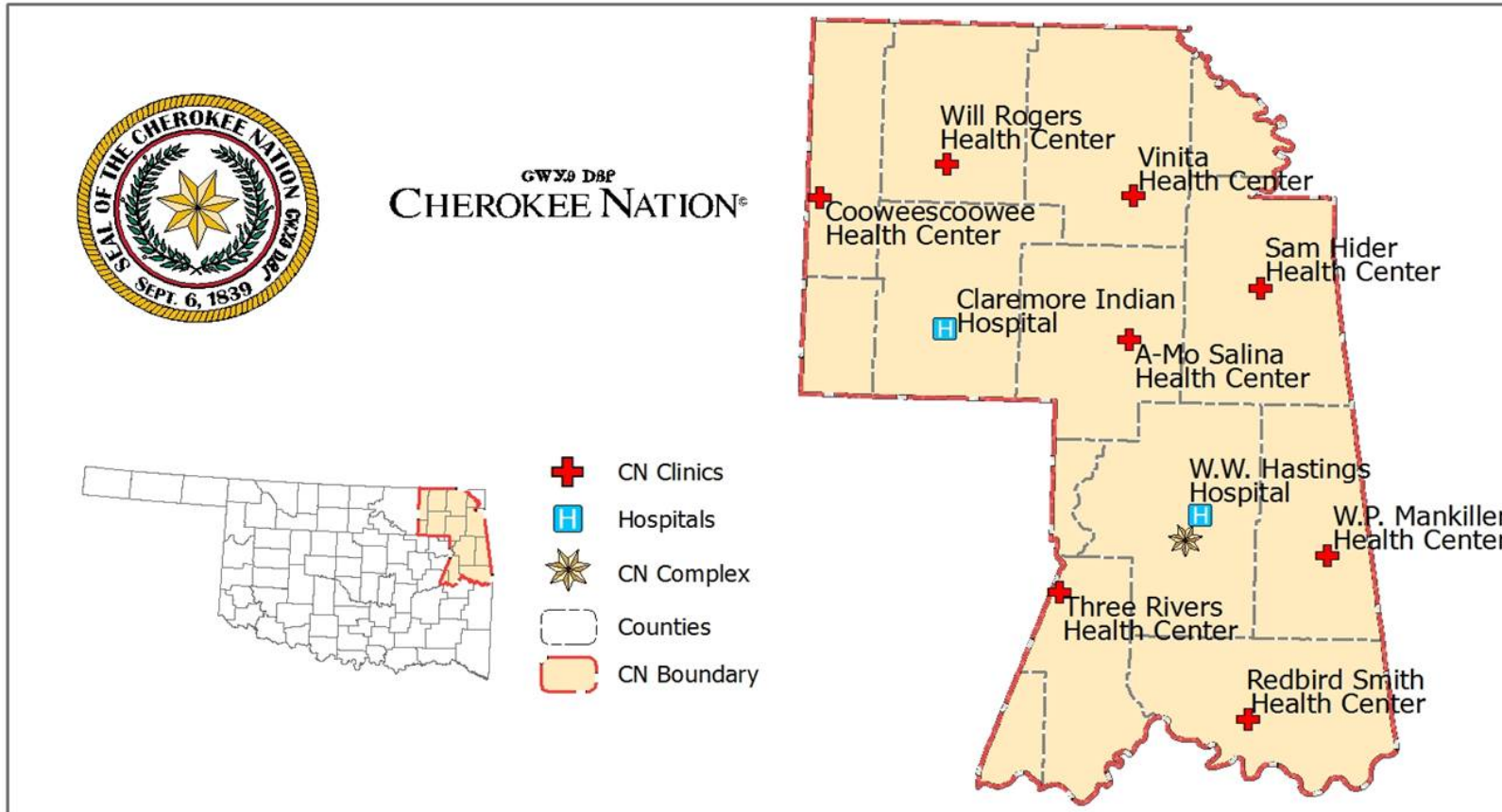
- Cherokee Nation Health Services
- National BCCEDP
- Cherokee Nation BCCEDP
- Cherokee Nation BCCEDP
 - Key Interventions & Strategies

Cherokee Nation Health Services

- Our mission is to promote health and quality of life among our communities and families through culture, collaboration, community engagement and empowerment.
- Cherokee Nation is dedicated to promoting and improving health to ensure healthy communities for this and future generations.



Cherokee Nation Health Services





Cherokee Nation
Outpatient Health Center • Tahlequah
CHILDREN'S HHS Facade

Cherokee Nation officially begins construction on the tribe's new 469,000-square-foot health facility. Once completed in 2019, will be the largest Tribal health facility in the country.



National Breast & Cervical Cancer Early Detection Program (NBCCEDP)

- CDC Funded
 - Authorized by the Breast & Cervical Cancer Mortality Prevention Act of 1990 (PL 101-354)
- Amended 1993, creating CDC's American Indian/Alaska Native Initiative
 - 1 of 2 tribes and tribal organizations funded in OK

National BCCEDP

- The Breast and Cervical Cancer Prevention and Treatment Act passed by Congress, 2000
- The Native American Breast & Cervical Cancer Treatment Technical Amendment Act passed by Congress, 2001

Cherokee Nation BCCEDP Services

- 24,296 Patients
- 34,451 Pap tests
- 36,831 Mammograms

CNBCCEDP

Eligibility Guidelines

- Native American
- 21-64 years or older (cervical screen)
- 40-64 years (mammography screen)

CNBCCEDP

Eligibility Guidelines

- No 3rd party coverage
 - IHS eligibility not considered 3rd party coverage
- Income at or below 250% FPL
- No OK residential requirement

Services Covered

- Clinical Breast Exams
- Mammograms
- Pap tests / Pelvic exams
- Diagnostic testing for abnormal screen
 - Out of State patients

Services Provided

- Referrals to treatment
- Case Management- Women's Health
- Health Education
- Community Outreach



Strategies and Key Interventions

- Partners with other CN Health/CN Programs
 - Comprehensive Cancer Control Program
 - Cancer Tumor Registry
 - Healthy Nation
 - OSTA Oklahoma Strategic Tribal Alliance for Health

Strategies and Key Interventions

- Partner with WW Hastings Hospital OB
 - Baby-Friendly Hospital Initiative
 - New OB enrollment

Strategies and Key Interventions

- Public Health Educators
 - Info tables at CN health clinics
 - Presentations at CN nutrition centers
- Transportation
 - Gas Cards
 - Scheduled Rides

Benefits to CN Patients

- Pays for regular breast & cervical cancer early detection screening services
- Case Management
- Health Education
- Outreach

Oklahoma Cares Breast & Cervical Cancer Treatment Act

- Oklahoma Cares- Breast & Cervical Cancer Treatment Act
 - Implemented January 1, 2005
- Five Agencies
 - Cherokee Nation
 - Kaw Nation
 - Oklahoma State Department of Health
 - Oklahoma Health Care Authority (Medicaid Agency)
 - Oklahoma Department of Human Services
- Interagency Agreement signed by all five agencies
- Continued inter-agency collaboration



Contact Information

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Early Detection Program

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