



Cancer Risk Reduction in Indian Country



A Project of Inter-Tribal Council of Michigan, Inc.

Colorectal Cancer Prevention in the Alaska Tribal Health System



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Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP18-1808 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 (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The IHS Clinical Support Center designates this live activity for 1 hour of *AMA PRA Category 1 Credit*™ for each hour of participation. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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This activity is designated 1.0 contact hour for each hour of participation.



CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate for 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 presented digitally upon completion of evaluation.

Learning Objectives/Outcomes

As a result of participating in this activity, the healthcare team will:

1. Examine the burden of colorectal cancer among Alaska Native people and rates of colorectal cancer screening.
2. Implement evidence-based program activities to increase colorectal cancer screening among Alaska Native people.
3. Appropriately assess, educate, and refer patients for colorectal screening and prevention.



Colorectal cancer prevention in the Alaska Tribal Health System



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Disclosures

- CDC and NIH funding
- Exact Sciences Investigator Award



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Land Acknowledgement

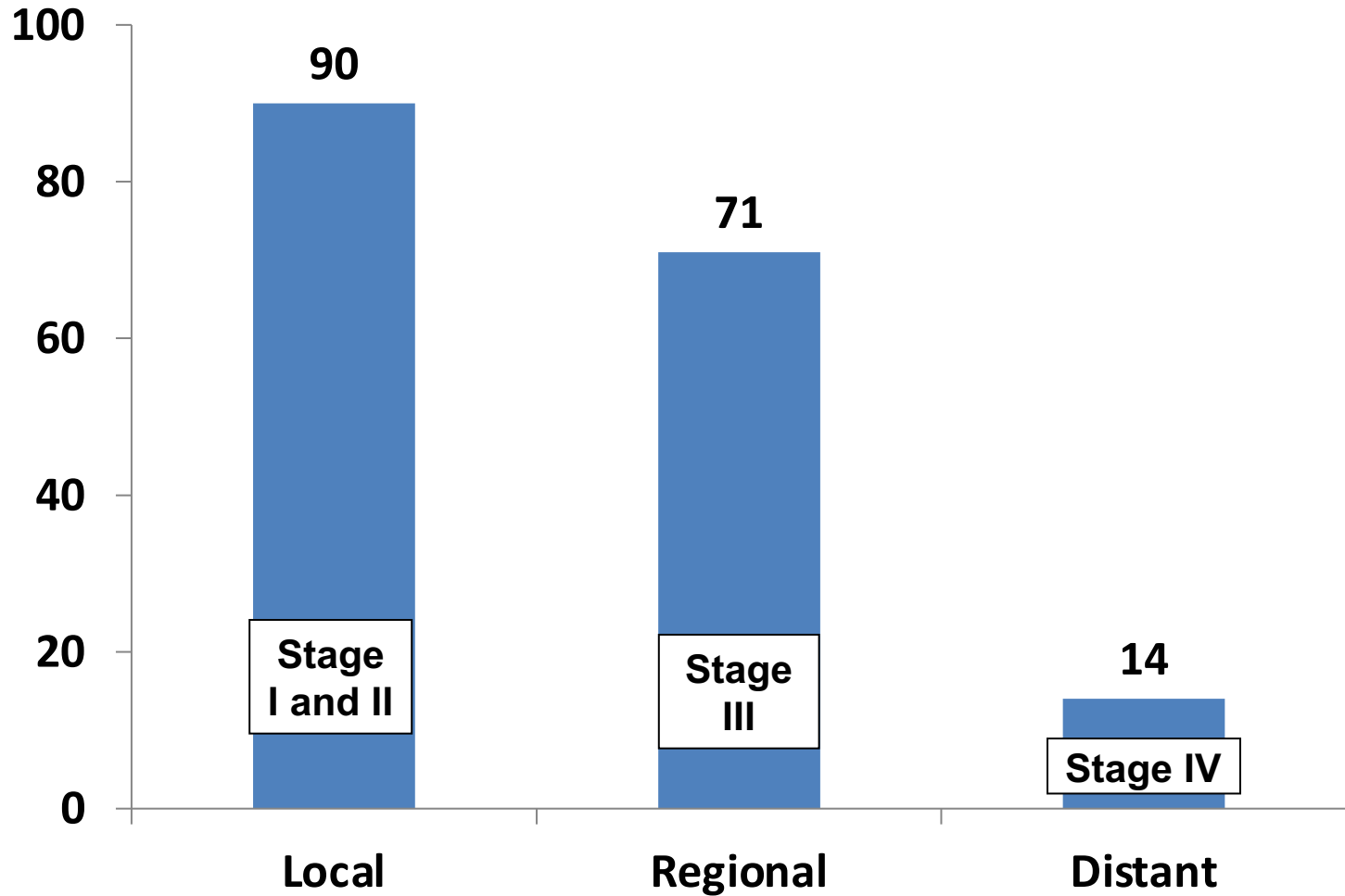


Thank you to the Dena'ina people, on whose traditional lands I live. Thanks for their past and present stewardship of the waters, plants, animals and spiritual practices of this place.

Why is CRC Screening Important?



Five-Year Survival Rates (%)

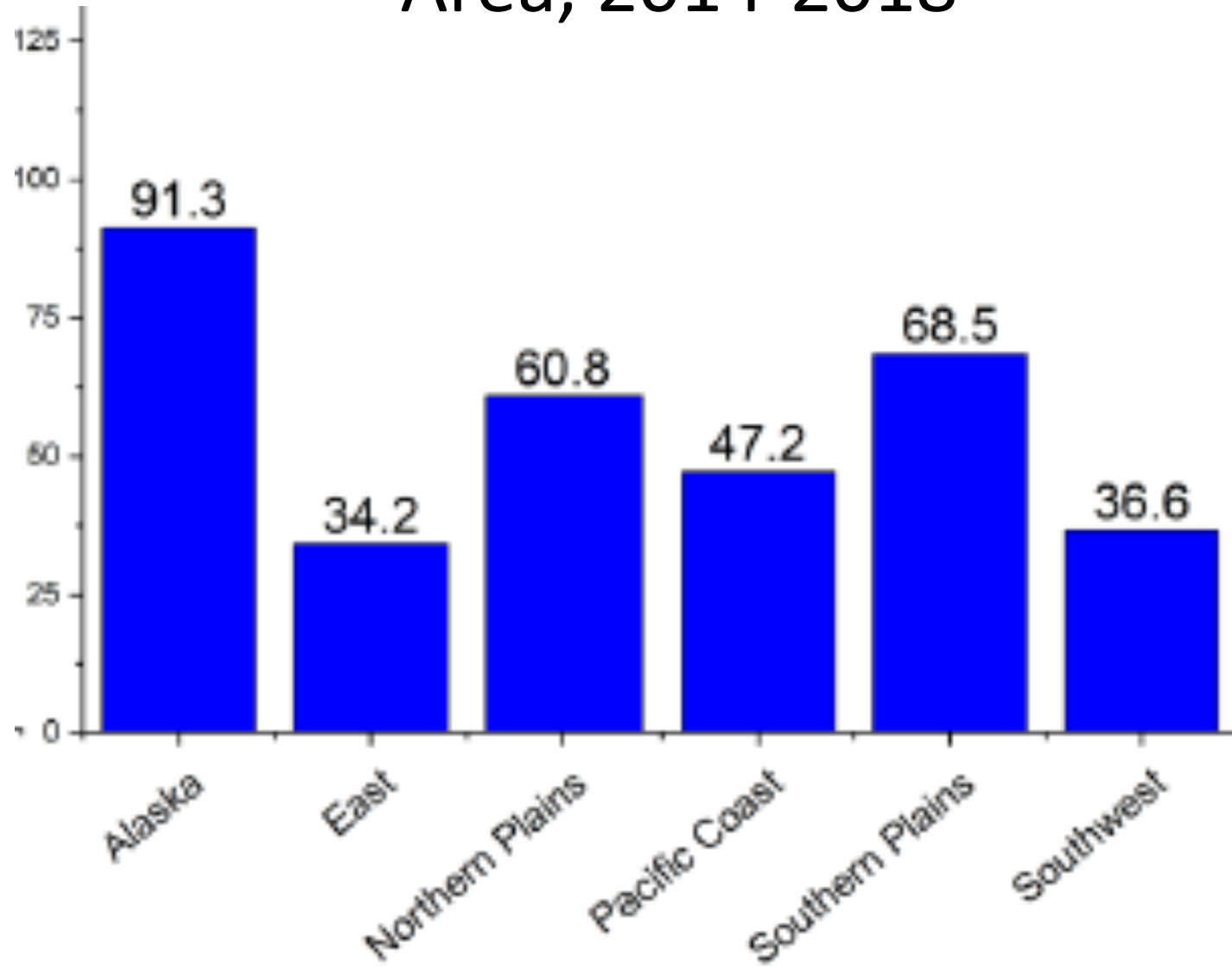


Data Source: American Cancer Society. *Colorectal Cancer Facts & Figures 2020-2022*.

U.S. CRC incidence and death rates have fallen steadily over the past 35 years...

“Notably, American Indian and Alaska Native people are the only racial and ethnic group for which CRC mortality rates are not declining.”

CRC incidence per 100,000 by IHS Area, 2014-2018



Source: Kratzer et al. Cancer Statistics for AI/AN, 2022.

2x

Risk Factors

Non-modifiable: Age, family history



Risk Factors

Modifiable: Physical inactivity, obesity, high consumption of red or processed meats, low consumption of fruits and vegetables, alcohol use, tobacco use

Possible signs of CRC

- Blood in stool
- Diarrhea or constipation that lasts for more than a few days
- Frequent gas pains or bloating
- Always tired
- Losing weight for no reason

Colon cancer often starts quietly, with no signs or symptoms.

USPSTF screening recommendations for average risk adults

Starting at age **45** (Alaska guidelines:
age 40 for Alaska Native people)

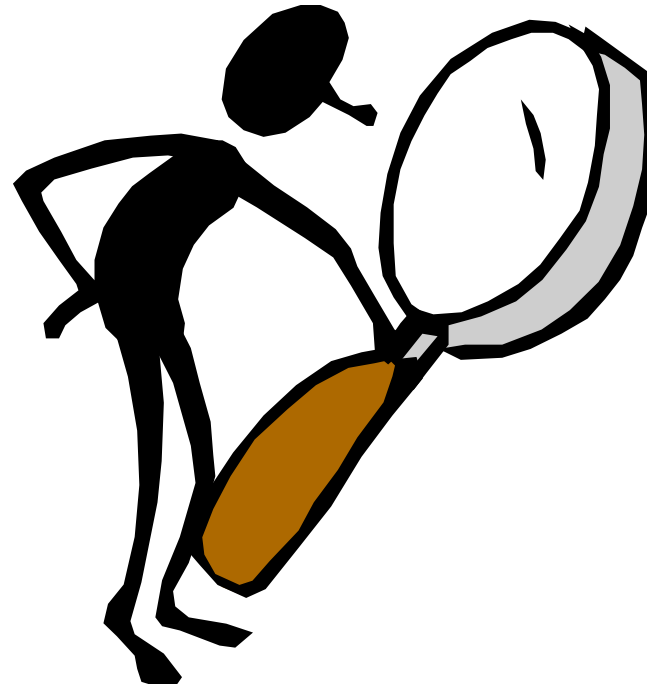
- Screening colonoscopy every 10 years
- Annual screening with high-sensitivity stool tests (FIT)
- Sigmoidoscopy every 5 years, with high-sensitivity FOBT every 3 years

Cancer screening test use (%) among American Indian and Alaska Native individuals by Purchased/Referred Care Delivery Area region and Indian Health Service area, 2017

Screening test	All PRCDA	Alaska	East	Northern Plains		Southern Plains	Southwest			Pacific Coast			
		Alaska	Nashville	Billings	Great Plains	Bemidji	Oklahoma	Navajo	Phoenix	Tucson	Albuquerque	California	Portland
Colorectal cancer screening, aged 50–75 years ^c	41	59	50	34	33	48	52	41	30	34	43	38	42

Source: Kratzer et al. Cancer Statistics for AI/AN, 2022.

Why don't people get screened?



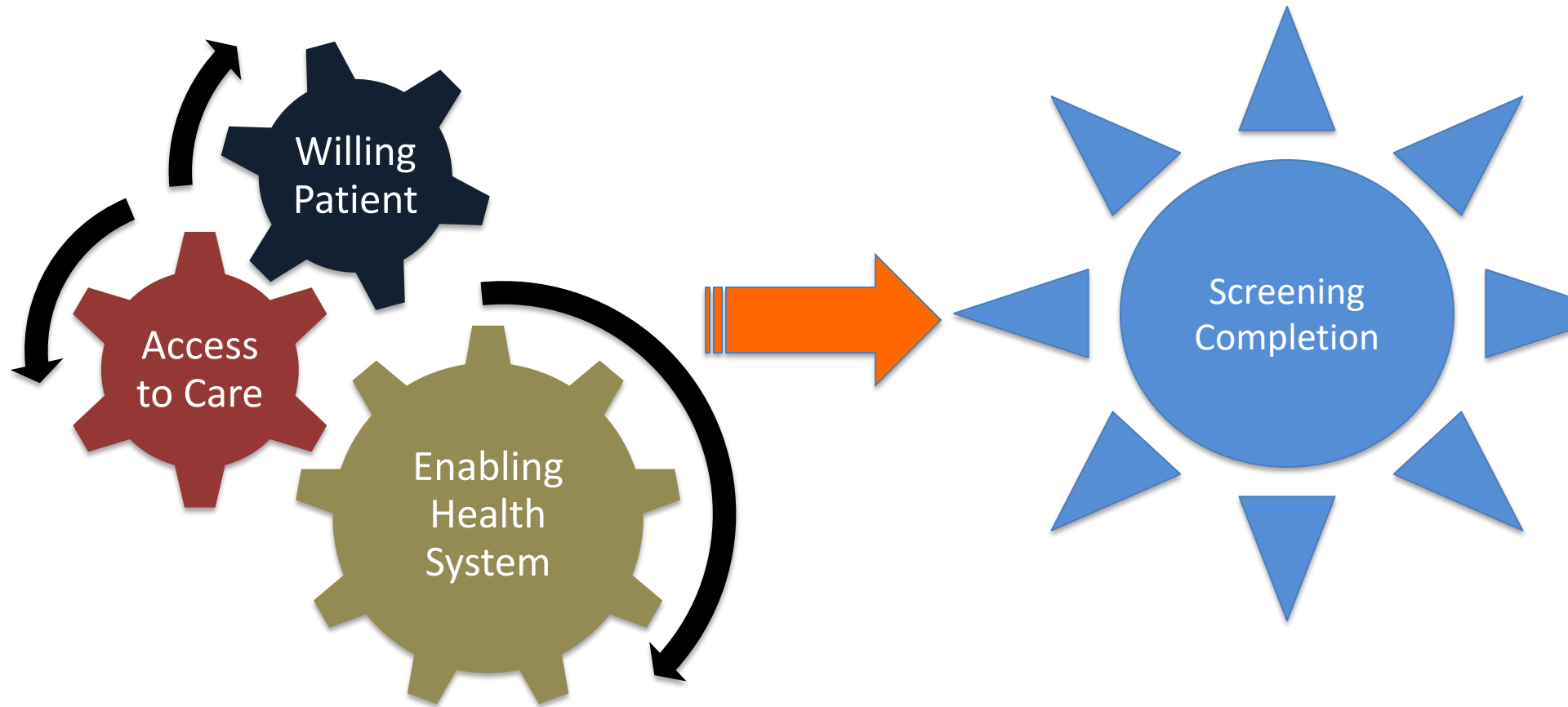
Personal factors

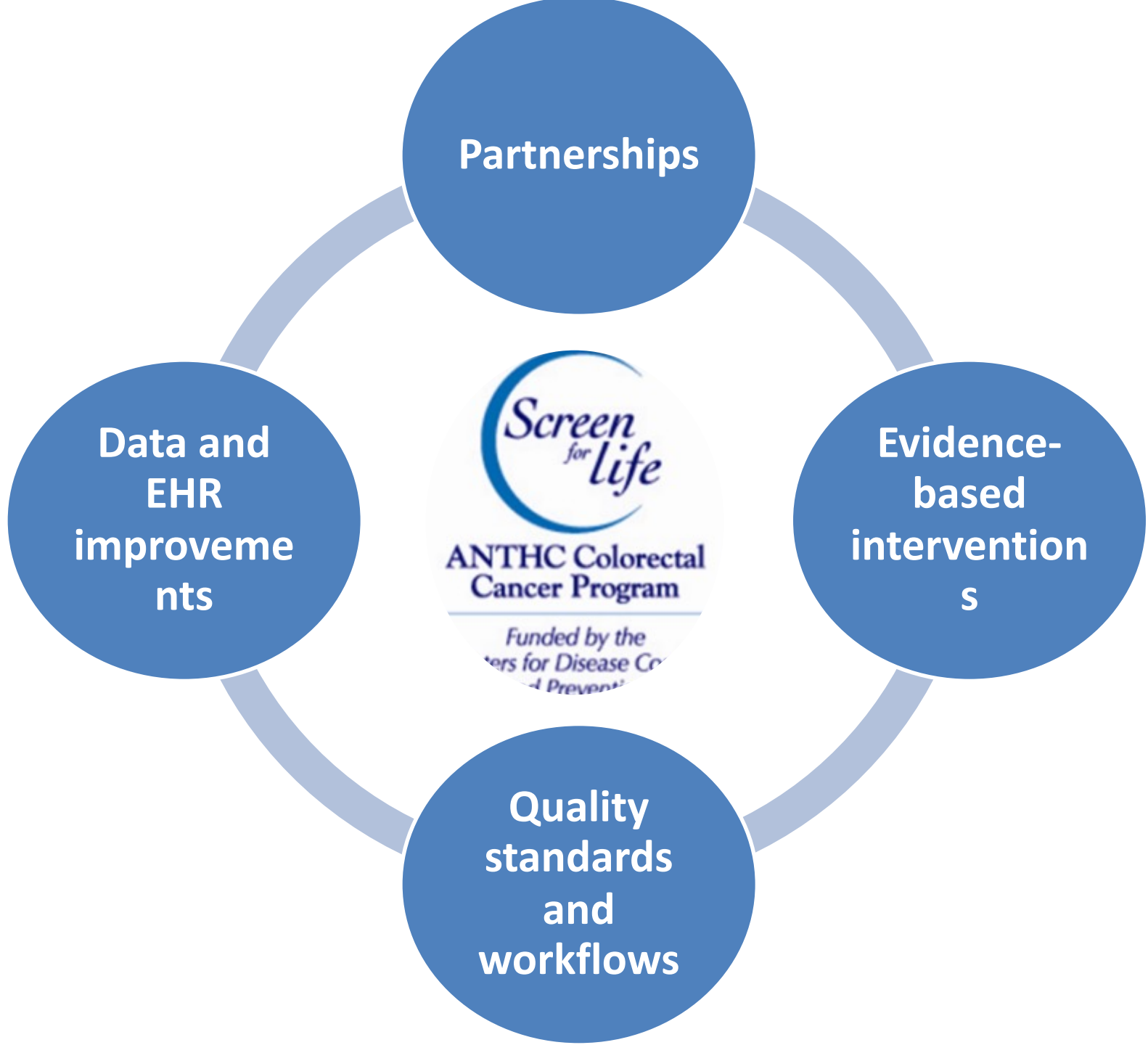
- Fear
- Discomfort/unpleasant procedure
- Feel healthy/don't know it's important
- Don't want to travel/too expensive
- Too busy

System factors

- Screening not available in community
- No tracking system for screening
- Provider didn't know patient was due
- No strong recommendation from provider

Cancer Screening Continuum





Partnerships

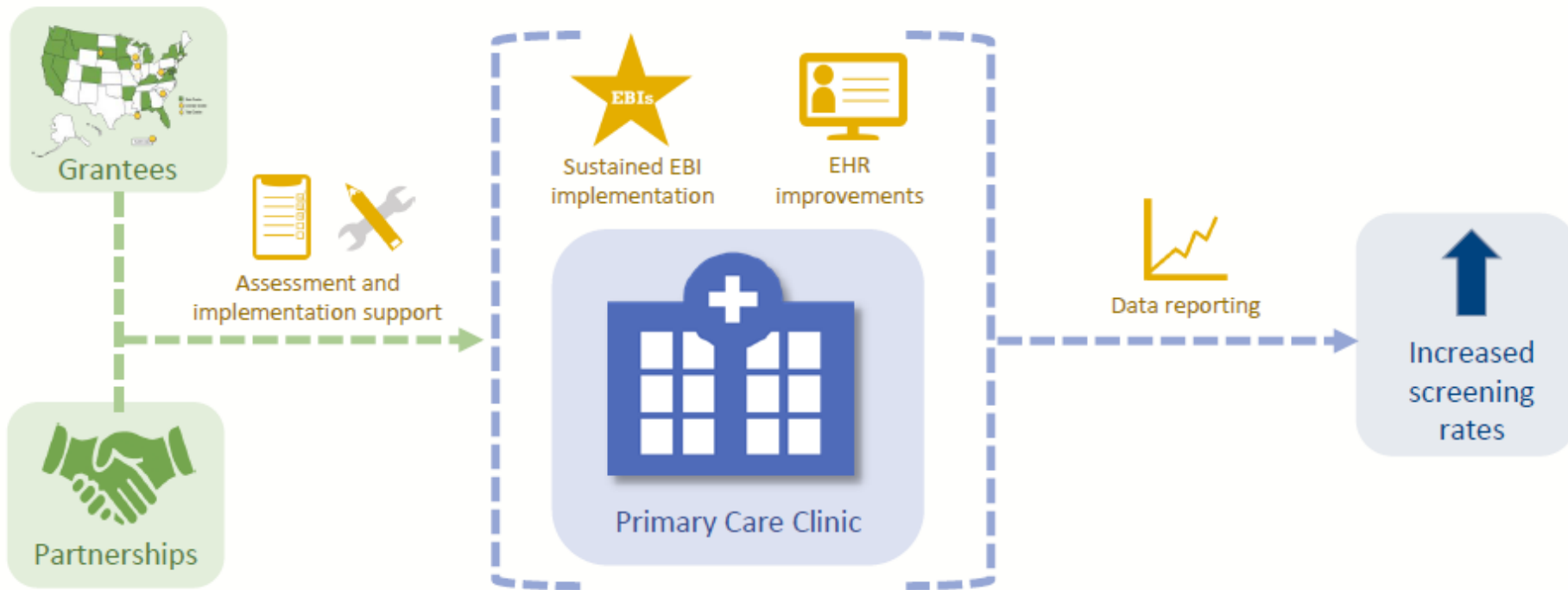
**Evidence-based
interventions**

**Quality
standards
and
workflows**

**Data and
EHR
improvements**



Alaska Native Tribal Health Consortium Colorectal Cancer Control Program 2020-2025



Funding source: Centers for Disease Control and Prevention #1NU58DP006748

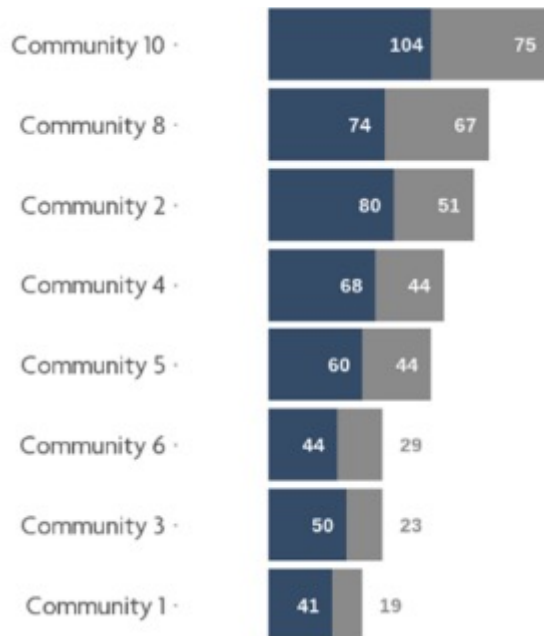
Evidence-based interventions (EBIs) for CRC screening



Provider Assessment and Feedback



- Motivate providers with internal score cards or financial incentives
- Quarterly review with providers teams of electronic health record dashboard



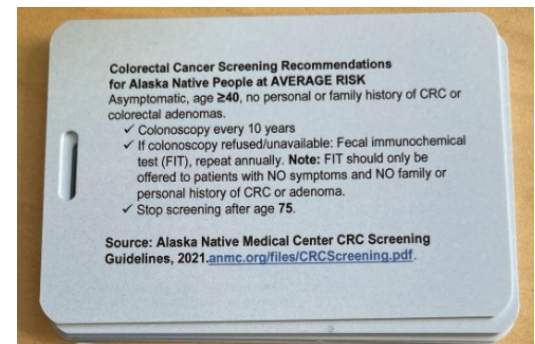
Provider Reminders

ALASKA NATIVE MEDICAL CENTER

Colorectal Cancer Screening Guidelines

MAY 2021

- Provider reminder badge cards
- Alaska Native Medical Center CRC Screening Guidelines
- Electronic health record tools



Patient Reminders



Everyone, every year

A visit to your primary care provider

- Weight check
- Blood pressure check
- Advanced care planning
- Annual labs (Discuss with your provider (diabetes, cholesterol))

Other screenings and important visits

- Dental cleaning every 6 months
- Sexually transmitted infection screenings, annual as needed
- Human Immunodeficiency Virus (HIV): One lifetime screening
- Hepatitis C: One lifetime screening
- Adult immunizations


It is important not to delay screenings and to be sure to seek care when other medical concerns arise.

Contact your KANA Care Team!


Call 907-486-9870 to schedule an appointment or check the status of your screenings.



Adult Preventive Health Screening Guide



Routine Screenings Save Lives!



- Reminder letters
- Text messaging campaign

Hi! Bob

Dear _____

Did you know colorectal cancer is the second leading cause of cancer-related deaths among Aloha Islanders? Colorectal cancer is preventable. The best way to reduce your risk of colorectal cancer is to get screened at age 40. Our records indicate you are due for a colorectal cancer screening. We have 2 different screening options available:

1. Colonoscopy is the preferred screening method, especially if you or a family member has a history of colorectal cancer or polyps.
2. A FIT test is a test that you can do at home and drop off at your village clinic. The test can check for changes in your stool that may be early signs of cancer.

If you would like to schedule a colonoscopy, please call Waihee-Sisters at (808) 486-9870. If you would like to schedule a FIT test, please call the test drop-off site at the village clinic. A nurse will call you with your test results in 7-10 days. If your results are positive, you will need to be scheduled for a colonoscopy for follow-up. If your results are negative, you will need to do another FIT test in 1 year.

We look forward to getting you up to date with colorectal screening and ensure your continued health. Please call us if you have any questions.

Sincerely,
 Carol Brown
 Carol Brown, MD
 Population Science/Quality Management
 (808) 486-9744



Screening for colon cancer is easier than you think.

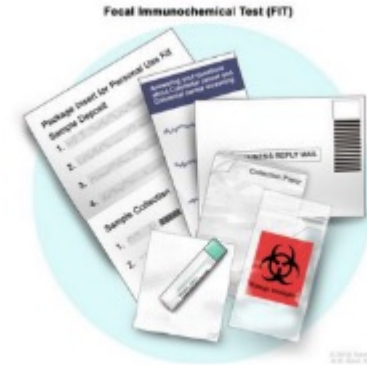


Reducing Structural Barriers



Preparing for your Colonoscopy

What is a Colonoscopy? A colonoscopy is a procedure to examine your colon (large intestine). It is very important to clean out your colon so that the provider can clearly see any areas that need attention to keep you healthy.



5 Days Before Your Colonoscopy



1. Stop eating berries or foods with seeds.
2. Stop taking any iron medications.
3. Start a low-fiber diet.

Avoid These Foods: whole wheat breads, cereals, crackers and rolls; whole wheat pasta, brown or wild rice; any item with nuts, seeds and fruits; granola, cornbread, tough meat, raw fruits, prunes and prune juice, berries, raisins and dried fruits; raw or partially cooked vegetables.

Avoid These Foods: milk and milk products.

NO



You Can Eat: white bread, rolls and biscuits; white rice or noodles; plain crackers, skinless cooked potato; skinless chicken, fish, canned fruits without seeds or skin; eggs; vanilla wafers.

1 Day Before Your Colonoscopy



1. Start a clear liquid diet @ 8:00am. Please do not eat breakfast or drink coffee on this day.
2. Come to your pre-op appointment:

Date: _____ Time: _____

Doctor: _____

3. Pick up your colonoscopy prep medications at the Pharmacy.
4. Start your colonoscopy prep called Plenvu.

Scan the QR code with the camera app on your phone to watch a quick video about how to take Plenvu.



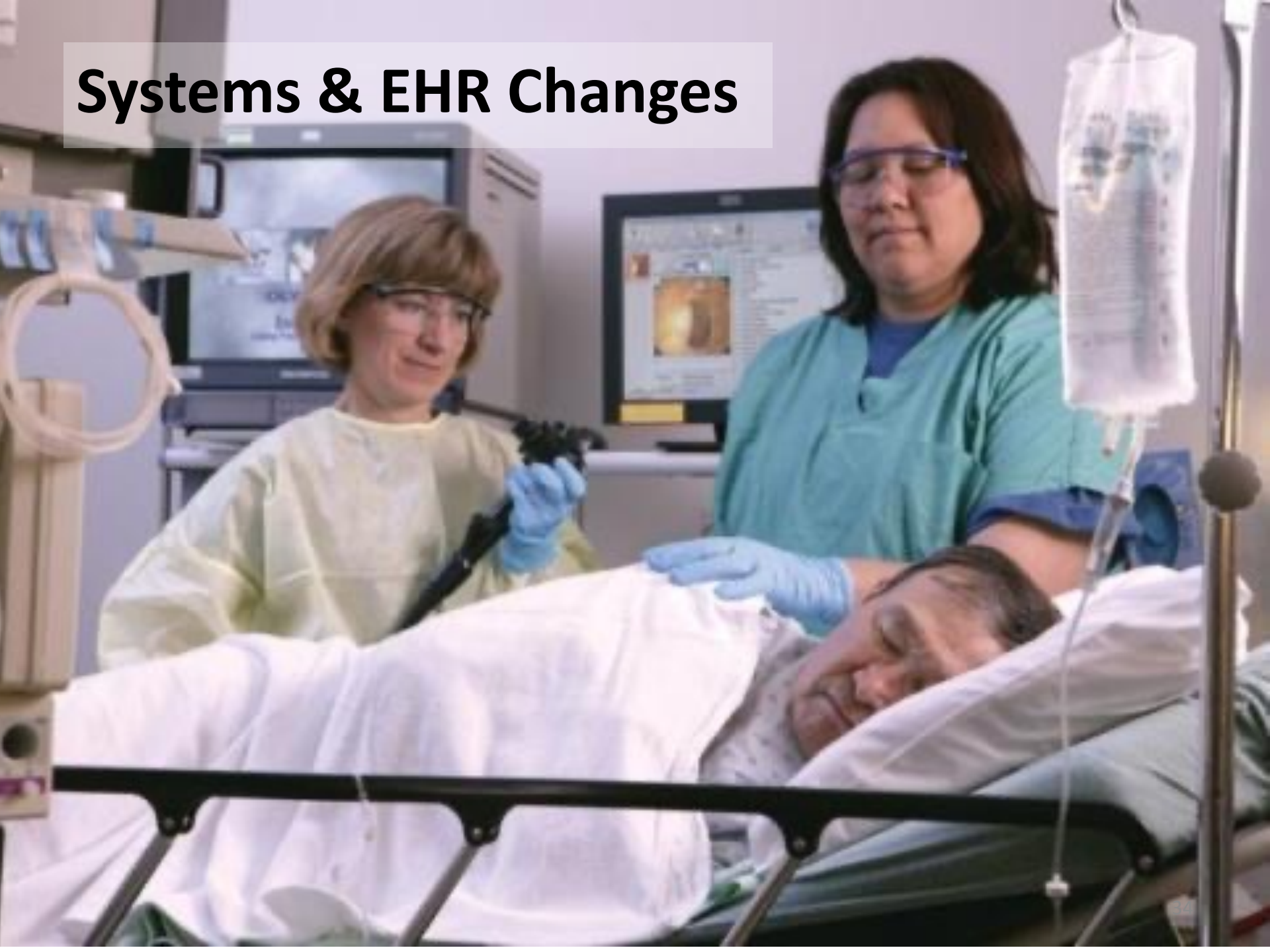
On The Day Of Your Colonoscopy



Take home stool test outreach campaigns

Bowel Prep instructions

Systems & EHR Changes



CRC Screening Patient Navigators & First Degree Relative Outreach





40?

Then it's time
to get screened for
colon cancer.
Everyone 40 and
older should do it.



**Just a
quick reminder**

It's time for your
colon cancer screening.

I
The cancer ~~you~~ can prevent. alaskacoloonhealth.org

I GOT SCREENED.

Now, I'm talking
about it.

I GOT SCREENED.

Now, I'm talking
about it.

I GOT SCREENED.

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Small media



searchc

16 likes

searchc March is Colorectal Cancer Awareness Month. Early detection is key to saving lives! Now is the perfect time to talk to your provider and schedule an appointment today.

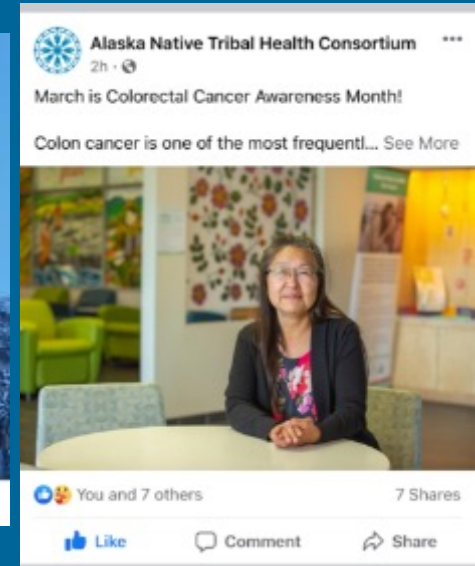
#healthyishere #searchc #alaska #awareness

March 4



**TOGETHER WE CAN
REDUCE THE BURDEN OF
COLORECTAL CANCER
THROUGHOUT
ALASKA.**

Encourage your friends
& family to get screened!
If you are over 45 get screened.



Alaska Native Tribal Health Consortium

March is Colorectal Cancer Awareness Month!

Colon cancer is one of the most frequent... See More

You and 7 others

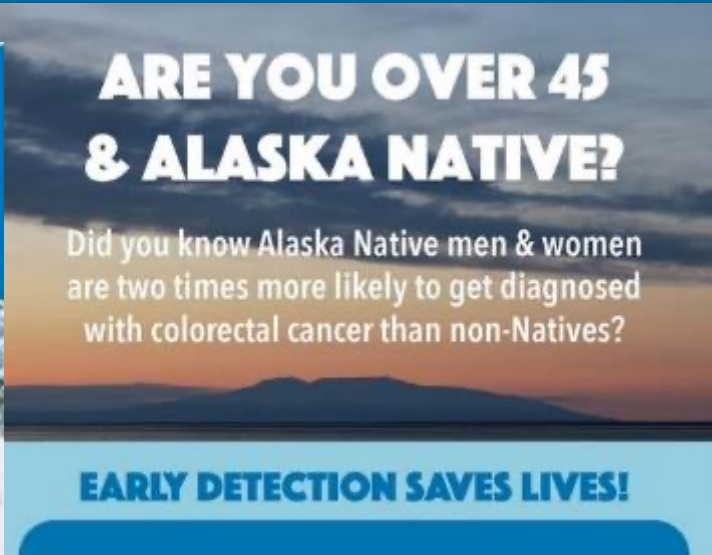
7 Shares

Like Comment Share



**It's Colorectal
Awareness Month!**

Early detection
can prevent
colon cancer!



**ARE YOU OVER 45
& ALASKA NATIVE?**

Did you know Alaska Native men & women are two times more likely to get diagnosed with colorectal cancer than non-Natives?

EARLY DETECTION SAVES LIVES!

If you are over 45, talk with your healthcare provider about your screening options. Don't wait to get screened!

Bottoms up!

Don't duck out on your
colon cancer screening.

Early detection saves lives!



No butts about it!

Time to bear a colon
cancer screening.

Screening saves lives,
make a plan to schedule yours!



Remember rocking out on your walkman?

Then its probably time to talk to your
healthcare provider about a colon cancer
screening. Early detection saves lives!

**Women & men should get screened at age 45
(40 if you are Alaska Native).**



If you remember when these jeans were in fashion...

Then it is time to talk to your healthcare
provider about a colon cancer screening.
Early detection saves lives!

**Women & men should get screened at age 45
(40 if you are Alaska Native).**





just... **HEY YOU!!**

Who Me? **YES YOU!**
Did you know that colon cancer is twice as common in Alaska Native people than in US White people?

No WAY! Why?
We don't know all the reasons, but we do know that if Alaska Native people get screened for colon cancer, it can be found early and even be prevented.

But it's better late than never!
Yes, it can feel that way, but colon screening can save your life. You can set an example for your family, you might help save their lives too.

So what do I need to do?
GREAT QUESTION!
Most important, GET SCREENED at age 50 or earlier if you have a family member who had colon cancer. This can also reduce your risk of cancer if you may inherit bad healthy, and avoid tobacco.

and OK! I'll talk to my health care provider about it.
TERRIFIC! Prevent Colon Cancer **GET SCREENED!**
Do it for yourself. Do it for your family!



***Redwood et al. *Prev Chronic Dis* 2013; 10:E40**

Photo courtesy of Norton Sound Health Corpora

Polyp people in the parade



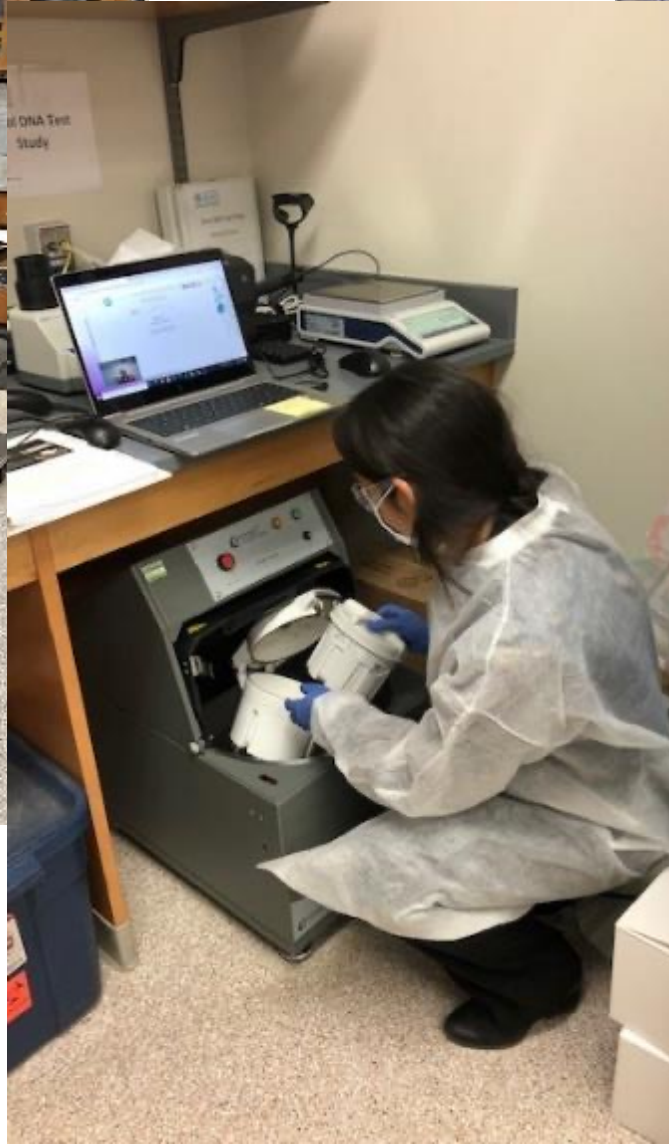
The background features a stylized, light blue outline of a human digestive system, including the esophagus, stomach, small intestine, and large intestine. Several small, white DNA double helix icons are scattered throughout the image, particularly around the digestive tract. A circular inset on the right side of the image shows a larger, more detailed view of three DNA double helix structures. The overall color scheme is a gradient of blue.

**Randomized controlled trial of the stool
DNA test to improve colorectal cancer
screening among Alaska Native people**

Funding source: NIH R01 #CA247642



Map data ©2021



76% of CRC deaths occurred in people who were not up to date with screening

Source: Doubeni et al. *Gastroenterology* 2019

How can you help?

- If you are a provider, strongly recommend CRC screening
- Talk to friends, family, and community members about importance of screening
- Get screened if you are due

Achieving 80% Colorectal Cancer Screening Rates In Every Community







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qagaasakung baasee' tsin'aen quyanaq
dogedinh quyanaa igamsiqanaghalek

Thank You

gunalchéesh 'awa'ahdah chin'an mahsi'
tsin'e e way dankoo háw'aa quyana

anthc.org/epicenter | anepicenter@anthc.org

OUR VISION:

Alaska Native people are the healthiest people in the world.



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Colorectal Cancer (CRC)

- 3rd most common cancer and 2nd leading cause of cancer death in the US. In 2020:
 - 147,950 new cases
 - 53,200 deaths
- 1.5 million Americans living with CRC

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