

Giant Colons: Real Results for Tribes

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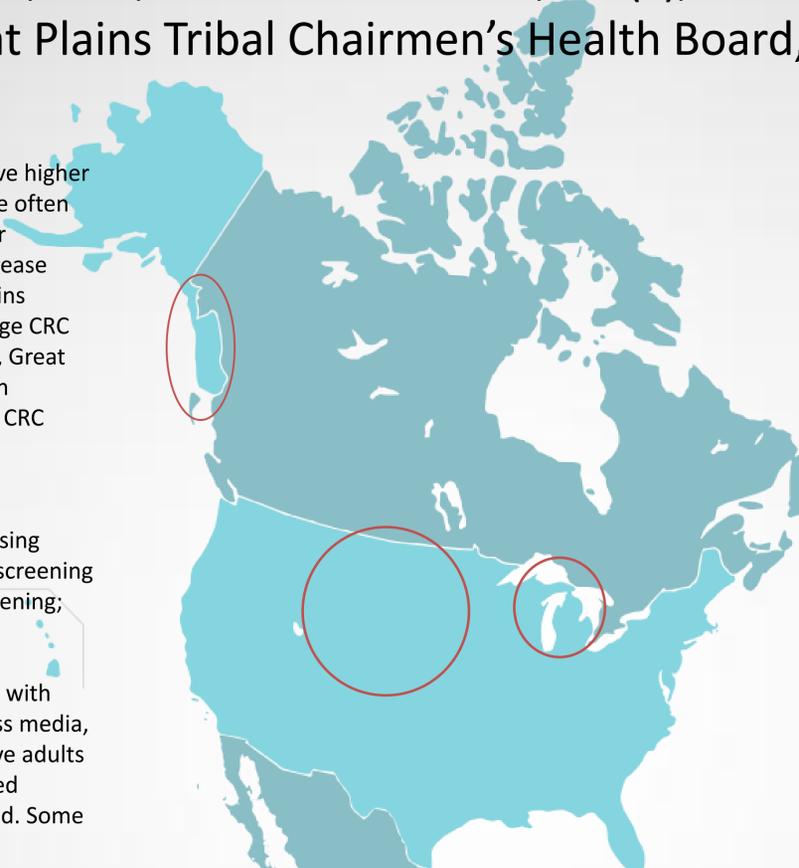
Inter-Tribal Council of Michigan, Inc., Great Plains Tribal Chairmen's Health Board, Southeast Alaska Regional Health Consortium



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 Tribal 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 colons have 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 tests; change attitudes/beliefs by reducing misconceptions about risk factors and screening; and increase individuals' intention and commitment to get screened.

Methods: Inflatable colons were employed at tribal 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 for screening.



Results: ITCM data (n=531) 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, 91% indicated the intent to make lifestyle changes, and 95% indicated the intent to get screened at age 50. GPTCHB pre- and post-test data (n=384) showed respondent knowledge increases – definition of polyps: 77% to 91%, risk of CRC increasing for larger polyps: 38% to 86%, CRC screening: 61% 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 39 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 trained tribal facilitators make this an effective tribal community and clinical linkage.

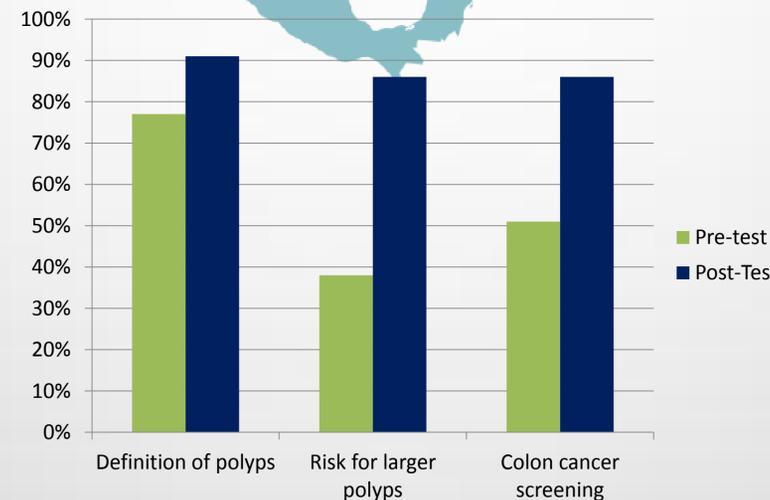


SouthEast Alaska Regional Health Consortium

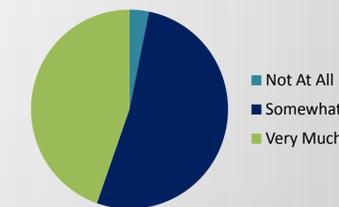
SouthEast Alaska Regional Health Consortium (SEARHC) works with inflatable colon outreach at health fairs and school events in Sitka and Juneau, Alaska. The inflatable colon outreach is used to complement direct mail outreach to patients who are due for screening. SEARHC assesses the need using our electronic health record which shows which patients are due. Flyers are mailed to those patients. The inflatable colon is then used in concurrent community events, along with educational sessions geared for Alaska Native providers and patients. Specifically, SEARHC emphasizes that Alaska Natives should begin colon screening at age 40, rather than age 50. For the period July 1, 2014 to December 31, 2014, 39 new patients were screened at SEARHC for either colonoscopy or fecal immunochemical test (FIT) due to this effort out of 228 who were due.

SEARHC Colorectal Cancer Screening				
GPRA Year 2015	# pts 50-75 yrs	# who had CRC screen	Actual	Goal
14-Jul	2277	1250	54.90%	35.20%
14-Aug	2291	1265	55.20%	35.20%
14-Sep	2299	1288	56.00%	35.20%
14-Oct	2316	1308	56.50%	35.20%
14-Nov	2327	1324	56.90%	35.20%
14-Dec	2320	1335	57.50%	35.20%
15-Jan	2331	1360	58.30%	35.20%
15-Feb	2332	1372	58.80%	35.20%
15-Mar	2344	1402	59.80%	35.20%

Great Plains Tribal Chairmen's Health Board



Did touring the exhibit increase your knowledge of colon cancer?



Do you intend to make any lifestyle changes?

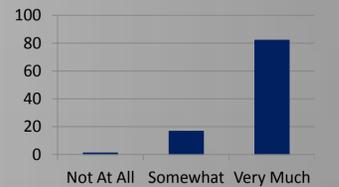


Inter-Tribal Council of Michigan, Inc

The Bemidji Area age adjusted CRC death rate is 28.1 per 1,000 population compared with an I.H.S. all areas rate and U.S. all races rate of 12.6 per 100,000 population (IHS 2003). Tribe and State-specific data show greater variation and disparities. In Michigan, the AI population has the lowest screening rate of all races, at 38.6 for men and women aged 50 and over compared with 54.7 for the general population, 55.0 for African American, 43.7 for Hispanic, and 40.5 for Arab populations (MCC 2008).

Partners:
Michigan Department of Community Health
Prevent Cancer Foundation
American Cancer Society
Keweenaw Bay Indian Community
Gun Lake Indian Community
Saginaw Chippewa Indian Tribe
Sault Ste. Marie Tribe of Chippewa Indians

Do you intend to get screened at age 50?



Do you believe that colon cancer can be prevented?

