



# American Indian and Alaska Native Colorectal Cancer Screening Improvement Strategies

Presented by: Donald Haverkamp, MPH

August 29, 2019



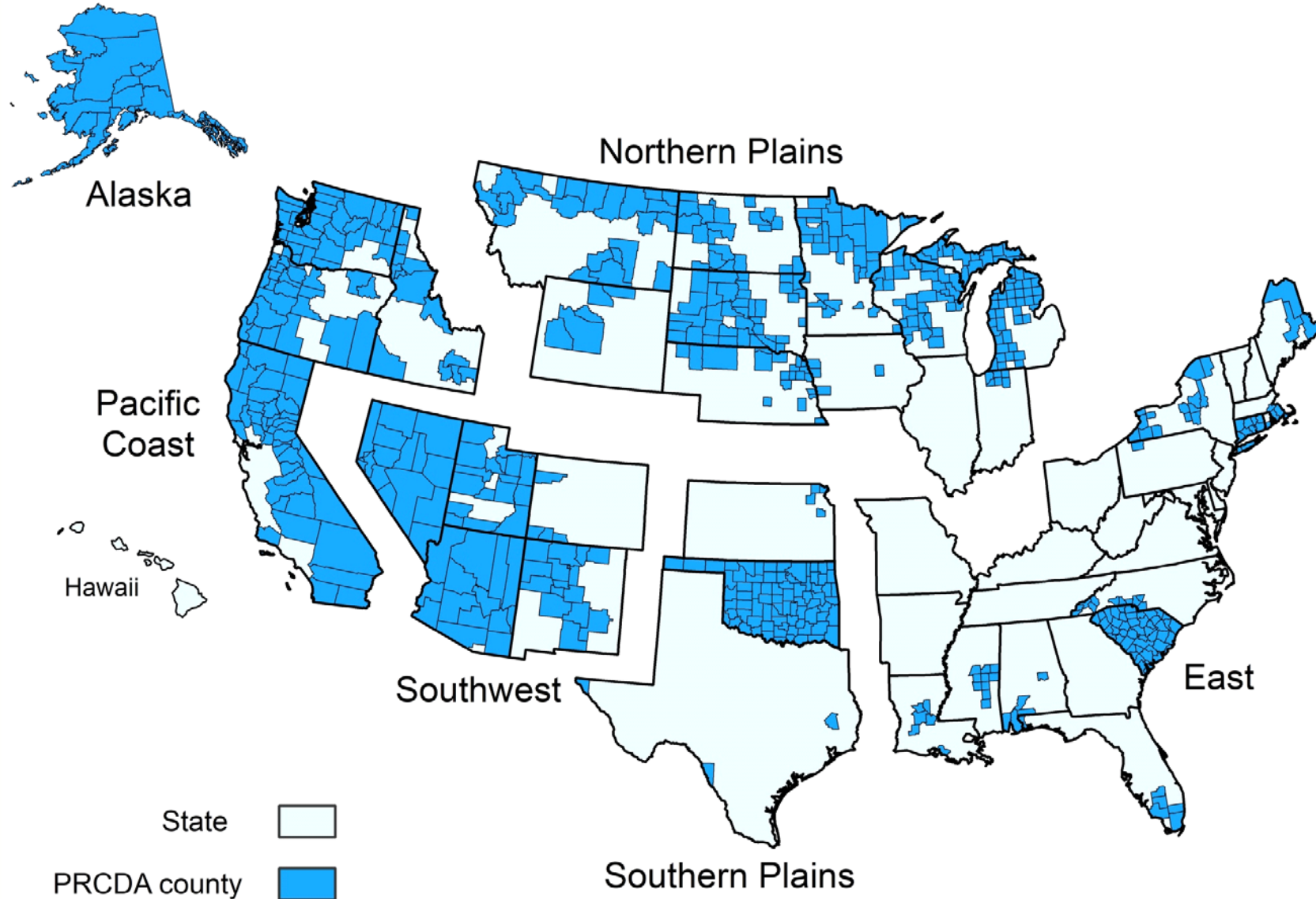
# Presentation Overview

- AI/AN colorectal cancer incidence
- Colorectal cancer screening prevalence among AI/AN
- Evidence-based screening strategies
- Past and Current Projects

## **AI/AN Colorectal Cancer Incidence**

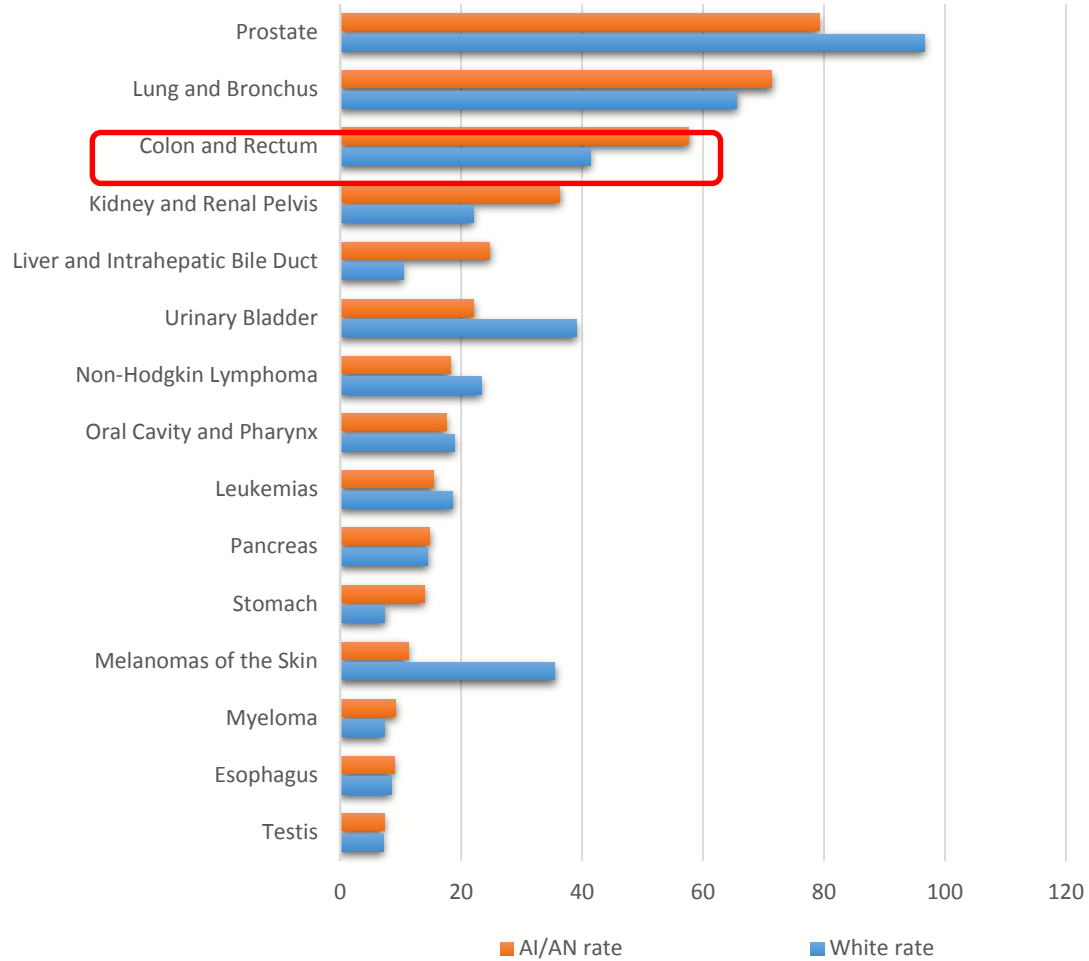


# IHS Purchased/Referred Care Delivery Areas

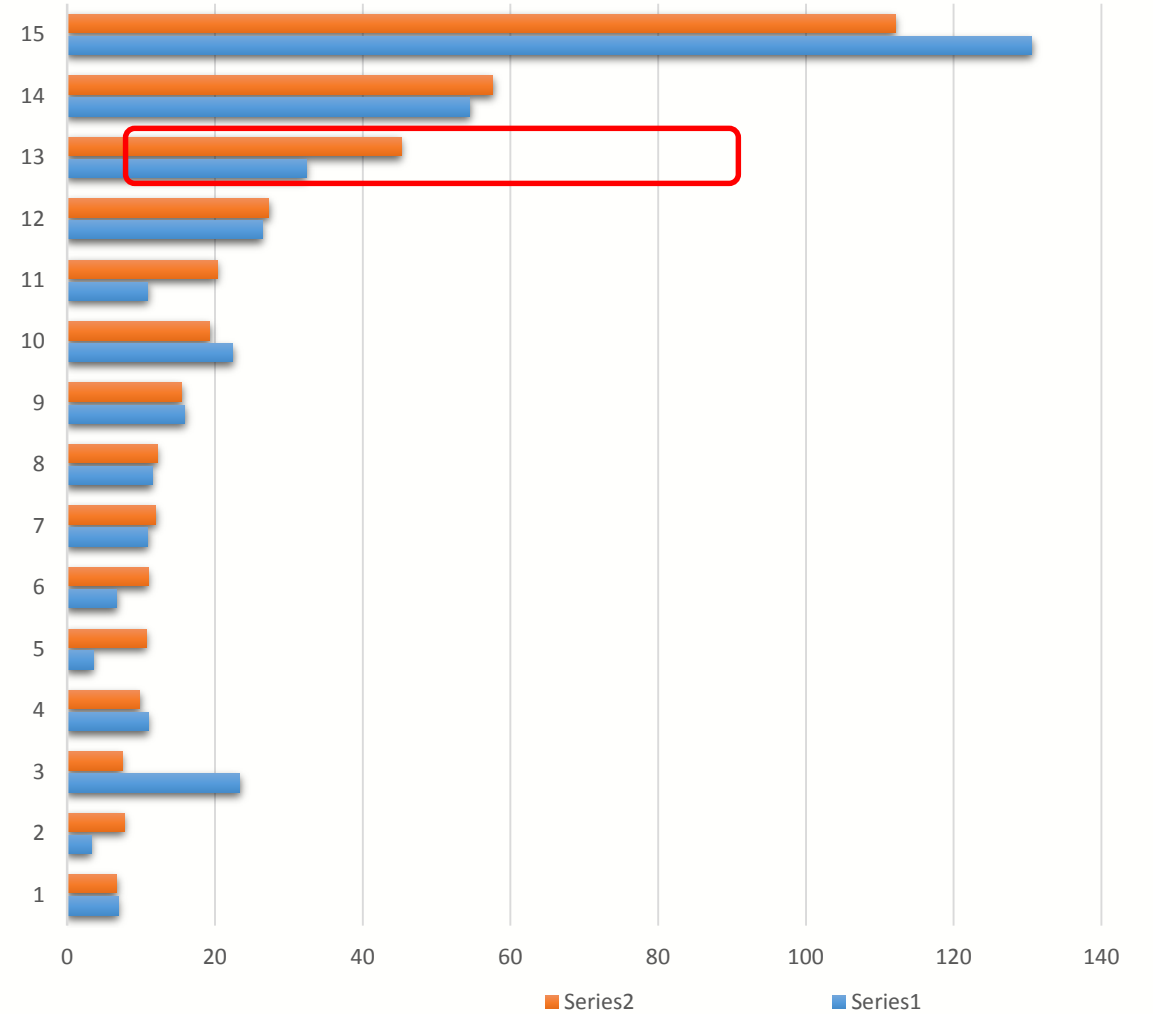


# Cancers Incidence Rates, 2012-2016 PRCDA, AI/AN and White

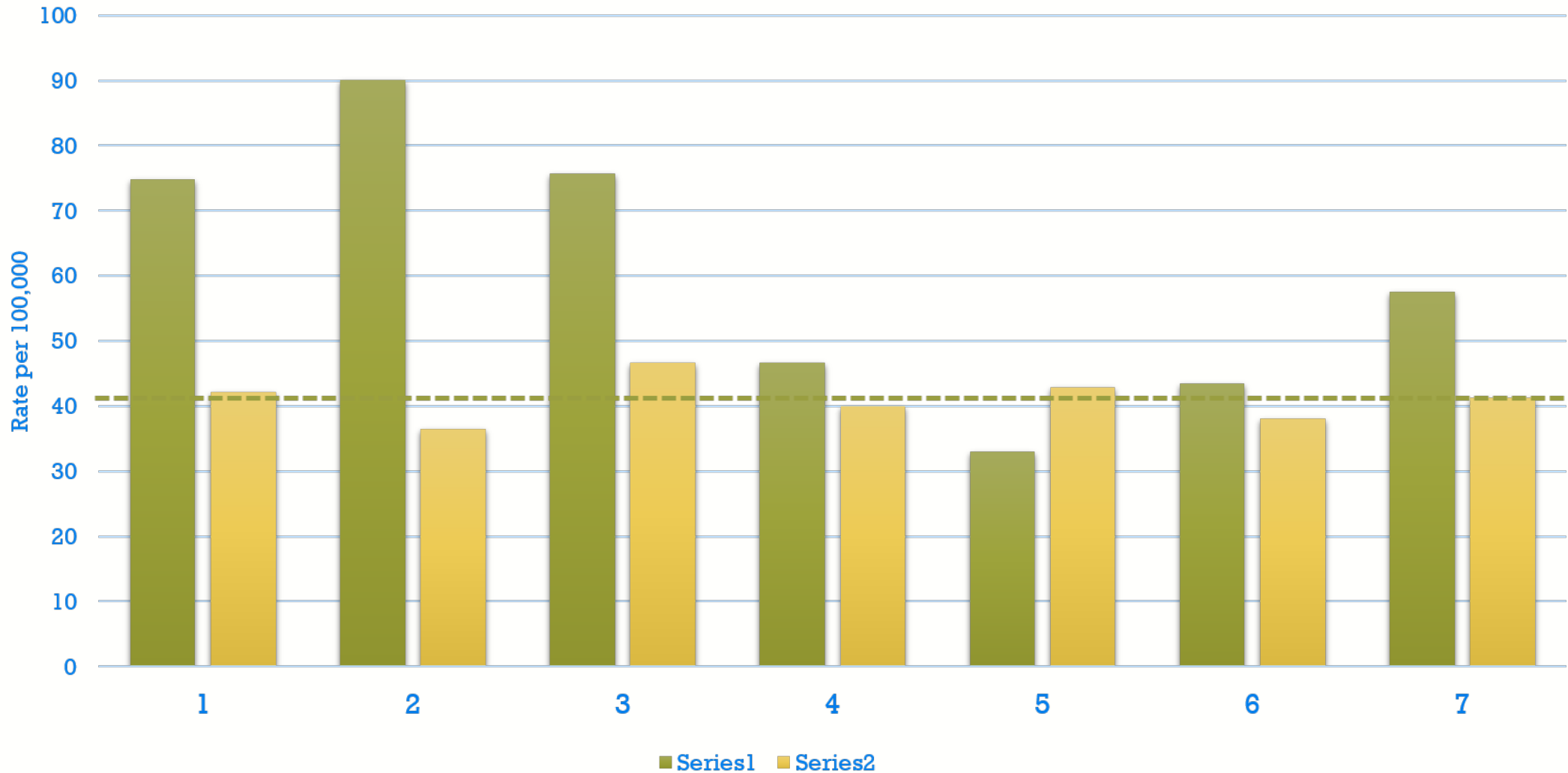
## Males



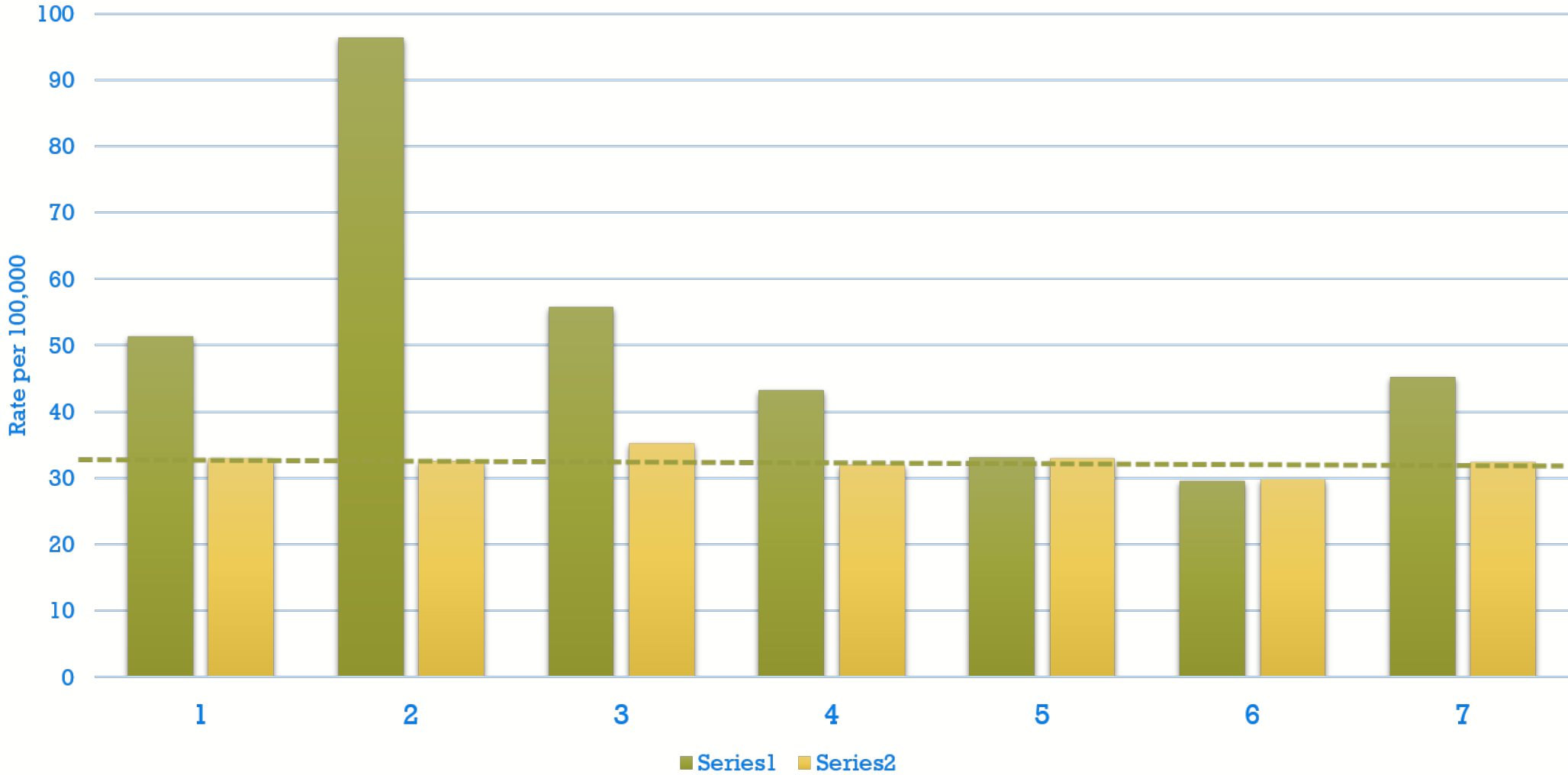
## Females



# Colorectal Cancer incidence rates by Region: PRCDA, US, 2012-2016, **Males**

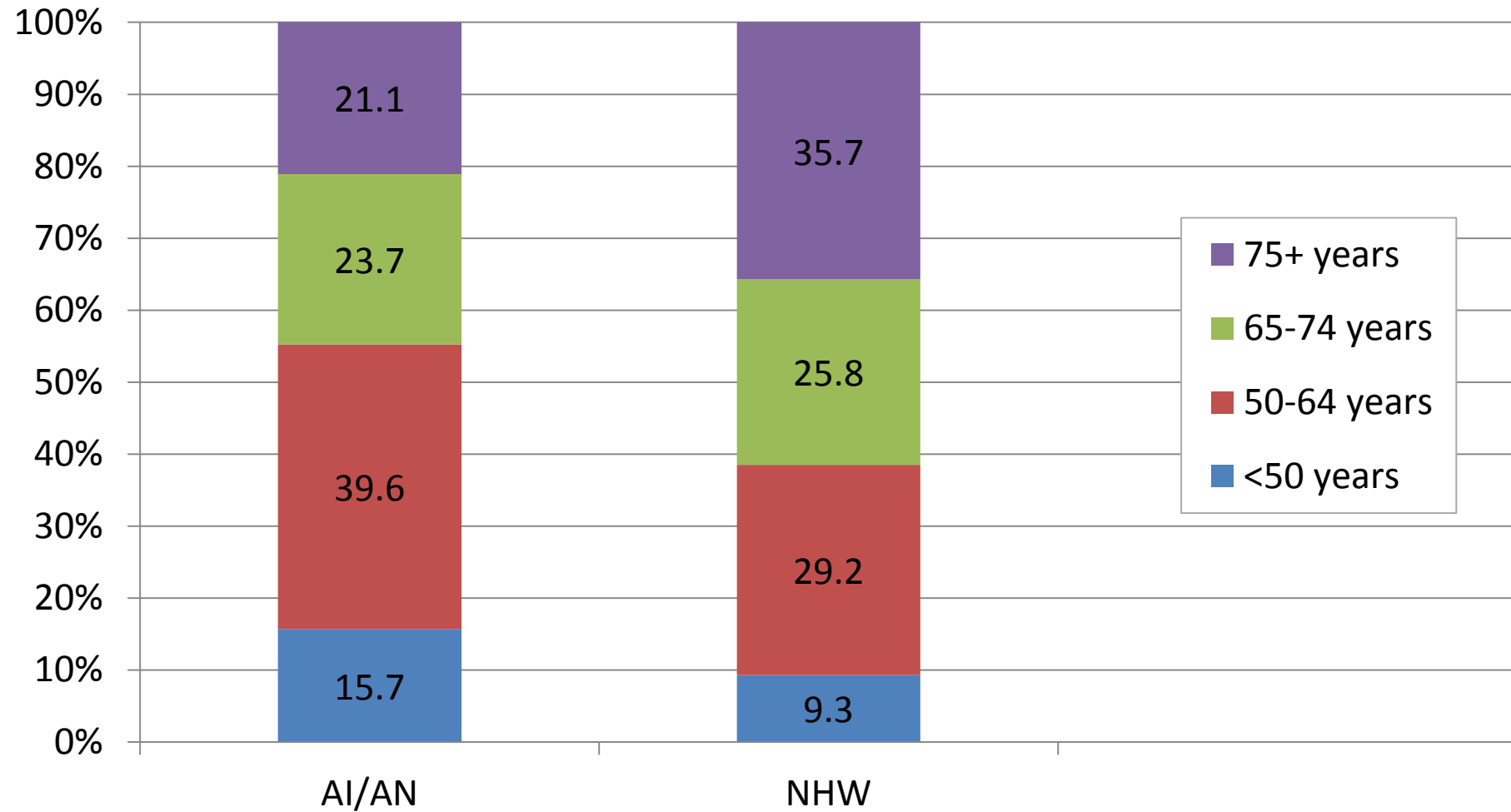


# Colorectal Cancer incidence rates by Region: PRCDA, US, 2012-2016, **Females**



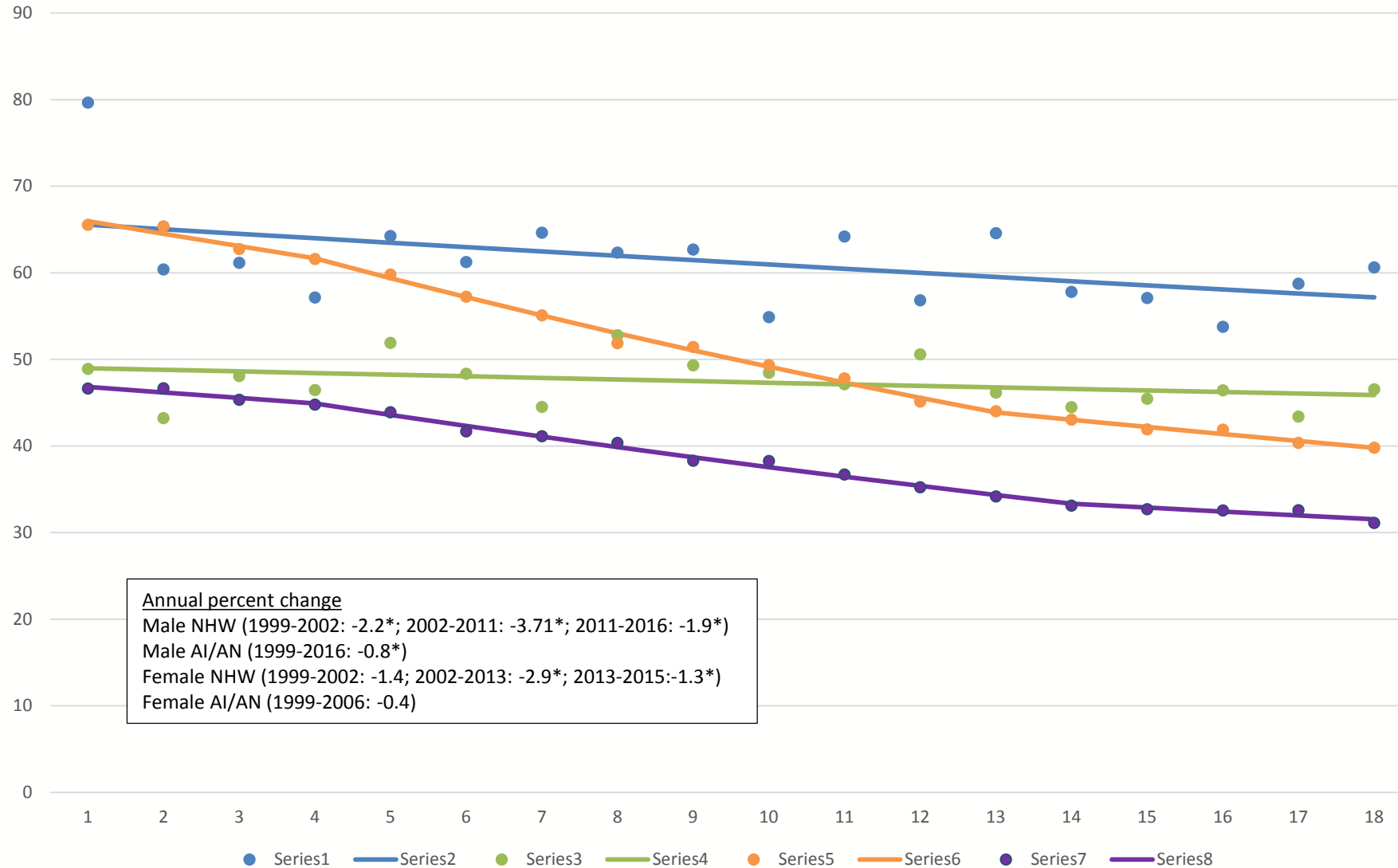
# CRC Incidence by Age at Diagnosis

## AI/AN and Non-Hispanic white, 2012-2016





# Annual age-adjusted colorectal cancer incidence rates and trend lines for males and females, PRCDA, US, 1999-2016



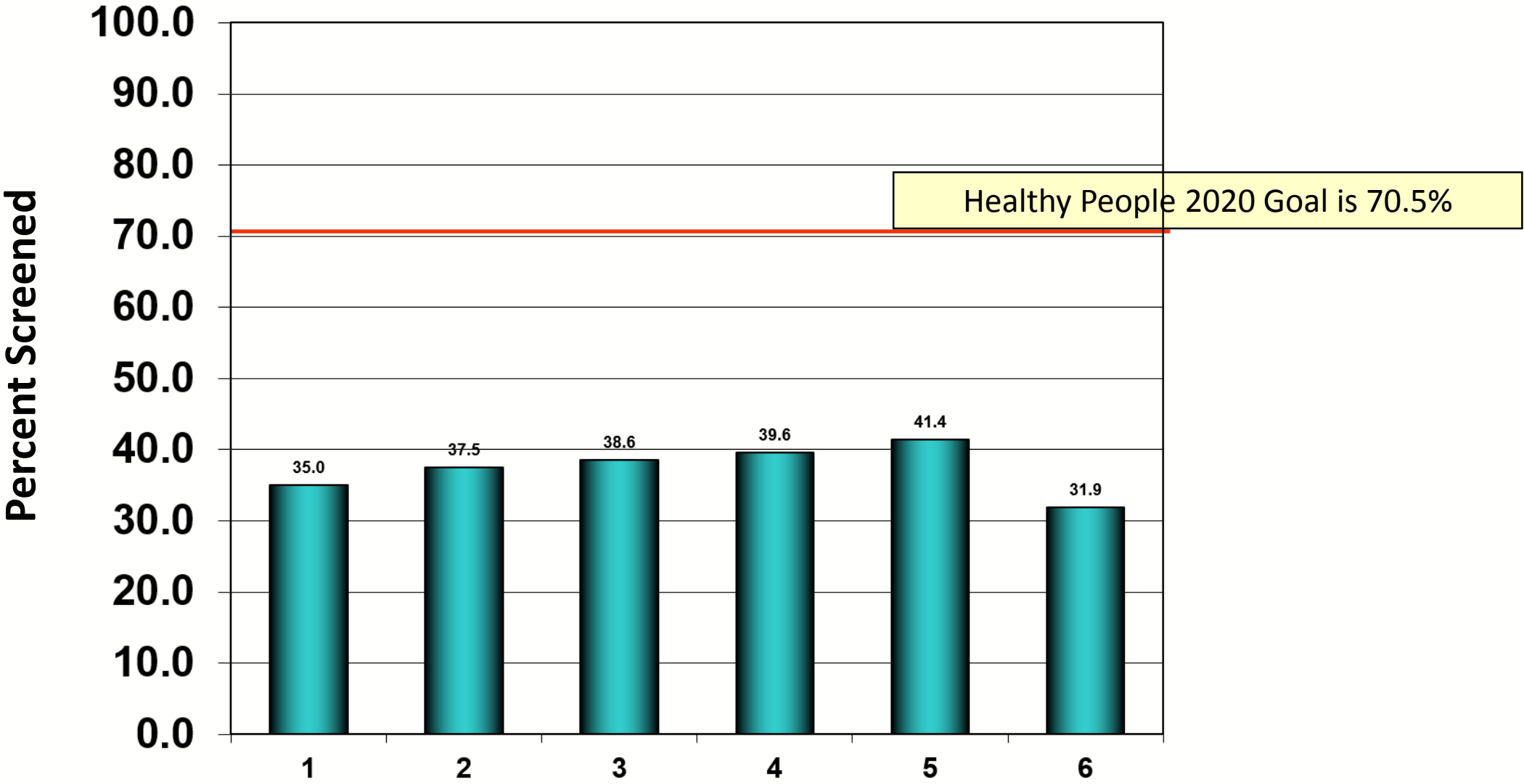
## Colorectal cancer screening prevalence among AI/AN



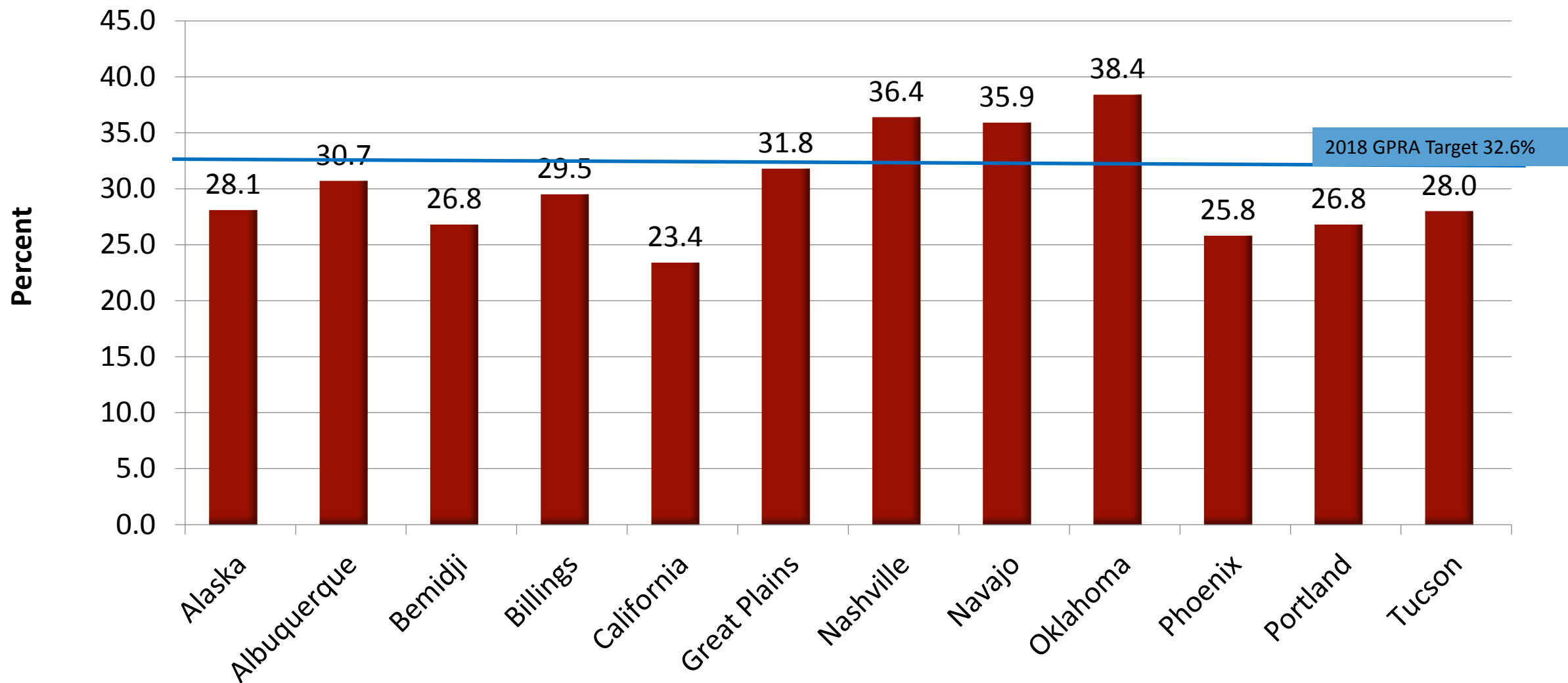
# Government Performance and Results Act (GPRA)

- Colorectal cancer screening measure numerator includes:
  - Patients who have had any colorectal cancer screening, defined as any of the following:
    - Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the report period
    - Flexible sigmoidoscopy or CT colonography in the past 5 years
    - Colonoscopy in the past 10 years
    - FIT-DNA in the past 3 years

# Colorectal cancer: Up-to-date with screening GPRA Results



# Colorectal Cancer Screening: GPRA 2018 results by IHS Area



## The Guide to Community Preventive Services:

Recommends multicomponent interventions to increase screening for colorectal cancer, from the following strategies:

Increase community demand  
Increase community access  
Increase provider delivery

Interventions are effective in increasing screening with colonoscopy or fecal occult blood test (FOBT).



The  
Community  
Guide

## Recommended strategy: Increase Community Demand

- Group Education
- One-on-one Education
- Client Reminders
- Client Incentives
- Mass Media
- Small Media

# Recommended strategy: Increase Community Access

## ○ Interventions to Reduce Client Out-of-Pocket Costs

## ○ Interventions to Reduce Structural Barriers

- Reducing Administrative Barriers
- Providing Appointment Scheduling Assistance
- Using Alternative Screening Sites
- Using Alternative Screening Hours
- Providing Transportation
- Providing Translation
- Providing Child Care



## Recommended strategy: Increase Provider Delivery

- Provider Reminders
- Provider Incentives
- Provider Assessment and Feedback

# Past and Current Projects



# Partner: Southwest Tribal Epidemiology Center at the Albuquerque Area Indian Health Board

Past project:

The screenshot shows a website interface. At the top, it says "Digital Stories" and "Treasure Our Elders! from Debra Peterson". Below this is a video player showing an elderly woman. To the right is a video player titled "Judith Message" with a table of contents:

1. "Judith Message"	0:57
2. "Angelia Message"	0:49
3. "Donnie Message"	0:54
4. "Judith Message (2)"	0:54
5. "School Card Test"	1:26
6. "Our grandparents are our treasur..."	0:46
7. "My sister's story"	1:29
8. "Judith Message (3)"	0:43
9. "Star Message"	0:53
10. "Star's 50th Birthday"	2:14
11. "Yolanda Message"	0:33
12. "Chloe and Judith's Message"	2:27

Below the video player is a section titled "Tribal Colorectal Health Program" with a description and a list of objectives:

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)
- Establish multidisciplinary colorectal health teams in participating Tribes
- Develop culturally appropriate colorectal health education materials
- Share successful strategies with tribal communities throughout the country
- Explore promising tribal colorectal cancer control interventions

At the bottom, there are images of educational materials like a poster and a card.

[www.tribalcolorectalhealth.org](http://www.tribalcolorectalhealth.org)

Present project:

- Project underway to utilize mailed FIT to screen for CRC among AI/AN who have diabetes (increased risk of developing CRC)
- Three years of funding began in FY18
- Recruiting three tribes in the southwest



# Partner: Alaska Native Tribal Health Consortium

## Past project example:

- CRC Family History Outreach Project (2007-present)



## Present project:

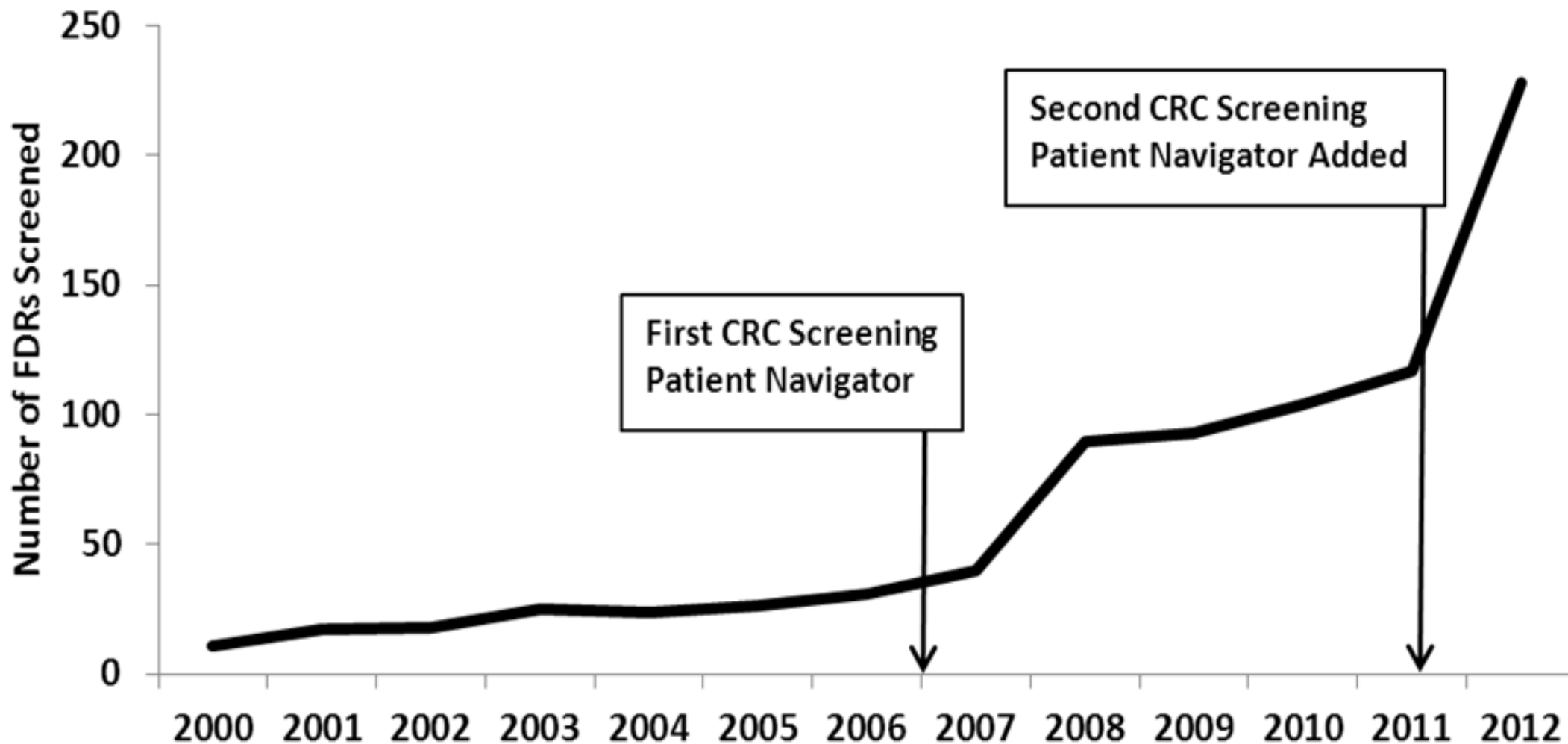
- Multilevel intervention to promote CRC screening and FIT among AI/AN people with diabetes and pre-diabetes
  - patient navigation and direct screening services;
  - provider education; and
  - tribal health systems change.
  - work with the ANTHC Diabetes Registry to explore options for adding CRC screening as a measure in the registry
- Funding will be for three years and will begin in FY19
- Intervention will be tested by up to four regional tribal health organizations

# ANTHC Patient Navigator Demonstration Project





# First Degree Relative Screened from the ANTHC Family History Outreach Program



# Alaska Community Health Aide Program Website

The screenshot shows the website's header with the title "Alaska Community Health Aide Program" and a search bar. Below the header is a navigation menu with links: Home, About CHAP, Calendar, CHAPCB, CHAM, Distance Learning, Resources, and Library. The main content area features a "Cancer Education" section with a sub-header "Dance of Life" and an illustration of five people in traditional Alaskan clothing. Below the illustration is the text "Cancer Education For Community Health Aides in Alaska". To the right is a "Cancer Education Navigation" menu with links: Cancer Education Home, Cancer Movie Connections, Cancer Continuing Education, Understanding Cancer Glossary, Understanding Cancer Manual, Activities, Readers' Theatre, and Helpful Resources. Below this is a "New Cancer Education Movie" section with a sub-header "A New Story" and a paragraph of text. To the right of the text is a small image of a building. Below the text is a "New Cancer CE!" section.

Alaska Community Health Aide Program

Home About CHAP Calendar CHAPCB CHAM Distance Learning Resources Library

Cancer Education

Dance of Life

Charles & Turkfield Inc.

Cancer Education For Community Health Aides in Alaska

Cancer Education Navigation

- Cancer Education Home
- Cancer Movie Connections
- Cancer Continuing Education
- Understanding Cancer Glossary
- Understanding Cancer Manual
- Activities
- Readers' Theatre
- Helpful Resources

New Cancer Education Movie

A New Story

This engaging story follows Hazel, a woman in her 50s, as she journeys along her path of colorectal cancer diagnosis and treatment. The 25-minute telenovela consists of 5 mini movie sections that provide medically-accurate information combined with Alaska Native values of family, storytelling, and humor. The support of family, health care providers, and new friends help Hazel as she navigates her cancer diagnosis and treatment journey. Watch stories of resilience and hope as people grapple with fear, embarrassment, stubbornness, and concern over receiving a cancer diagnosis. This movie is the requested sequel to 'What's the Big Deal?' that explored the importance of having recommended colorectal cancer screenings. "A New Story" is made in Alaska and features an Alaska Native cast.

A New Story  
Colorectal Screening and What It Can Do For You

New Cancer CE!

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

## Partners: American Indian Cancer Foundation and the National Indian Health Board



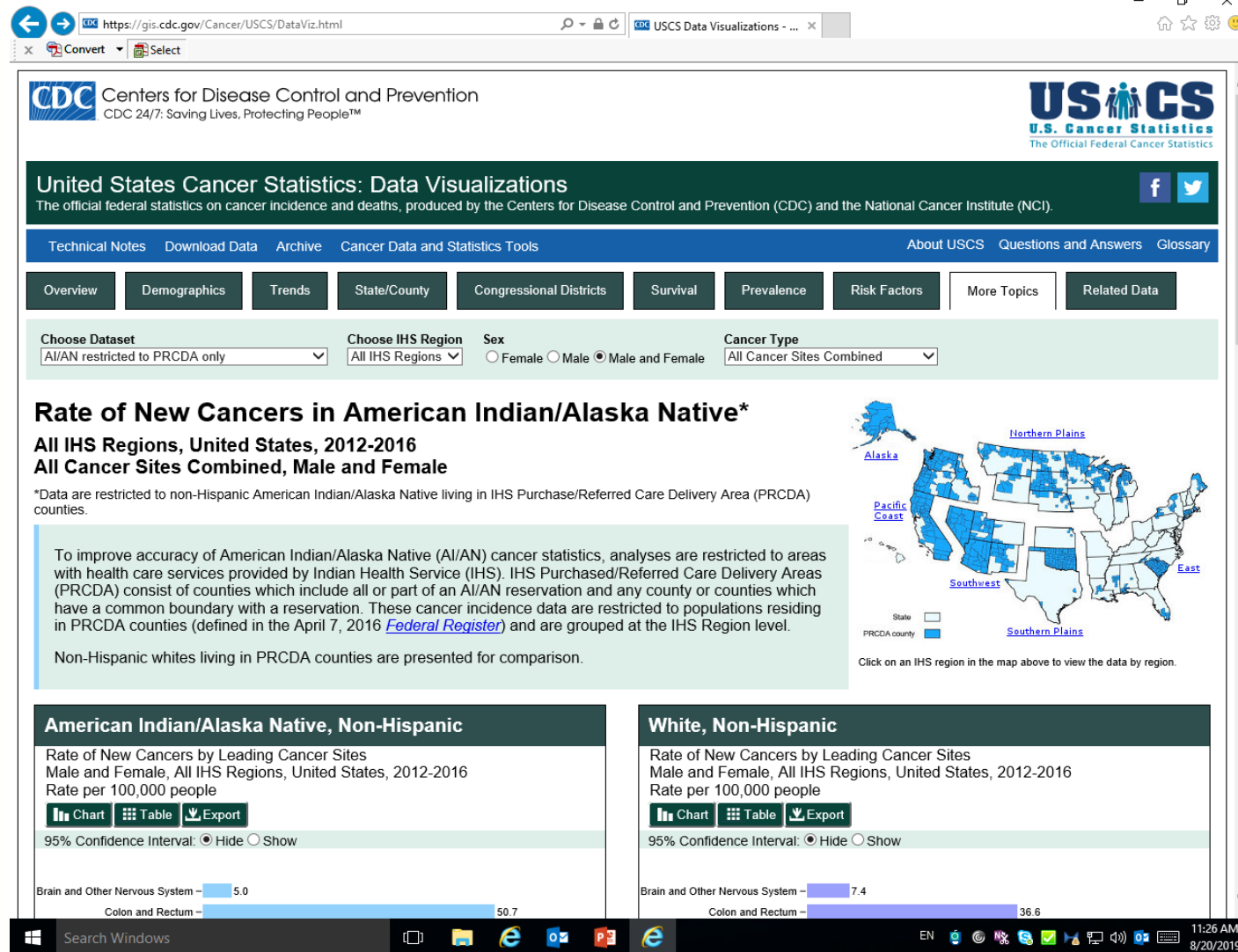
o Produced a CRC toolkit designed for providers and clinic teams, which includes tips for:

- Leadership engagement
- Setting up core clinic teams
- Intervention strategies

[https://www.americanindiancancer.org/wp-content/uploads/2015/02/AICAF\\_CRCToolkit\\_PRINT.pdf](https://www.americanindiancancer.org/wp-content/uploads/2015/02/AICAF_CRCToolkit_PRINT.pdf)



# United States Cancer Statistics (USCS) Data Visualization



- AI/AN data was added in 2019
- Rates of new cancer cases by IHS Region for 2012-2016
- Top cancers by IHS region and sex for 2012-2016
- Will be updated yearly

<https://gis.cdc.gov/Cancer/USCS/DataViz.html>

# Thank you!

Go to the official federal source of cancer prevention information:

[www.cdc.gov/cancer](http://www.cdc.gov/cancer)



Division of Cancer Prevention and Control

Reliable. Trusted. Scientific.

*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.*





AMERICAN CANCER SOCIETY

# American Indian and Alaska Native Health Initiatives

Octavia Vogel, MPH  
Director, Cancer Control Initiatives

August 29, 2019





AMERICAN CANCER SOCIETY

# Presentation Overview

**Colorectal Cancer Screening Summit & Report**

**ACS Cancer Control Blueprint**

**CHANGE Program Overview**

**AIAN Colorectal Cancer Grant Impact**

**Q & A**





# **Increasing Colorectal Cancer Screening for American Indian and Alaska Native Communities Summit**

## Summit Background

- Held April 25, 2016, hosted by the American Cancer Society and the National Colorectal Cancer Roundtable in Grand Traverse, MI.
- 30 participants from:
  - Centers for Disease Control and Prevention,
  - Indian Health Service,
  - American Indian and Alaska Native serving non-profit organizations,
  - Regional epicenters,
  - American Indian and Alaska Native serving clinics and health systems.

## Summit Goals

Summit goals included:

- Examining opportunities and barriers related to delivering quality colorectal cancer (CRC) screening and follow-up care in health care settings serving American Indian and Alaska Native (AIAN) communities.
- Developing guidance to be used by organizations to enhance delivery of effective, efficient cancer screening in AI/AN-serving health care settings, including:
  - Integrating with existing structures,
  - Aligning resources in the public and private spheres,
  - Strengthening channels of communication and,
  - Working across organizational goals and priorities.
- Examining existing tools and resources that support cancer screening in practice and identify dissemination strategies and additional needs.

## Post Meeting Report

- Provides an overview of the burden of CRC among AI/AN, as well as key incidence, mortality, and screening rate data
- Summarizes meeting presentations and discussions
- Presents a collaborative “framework for change”

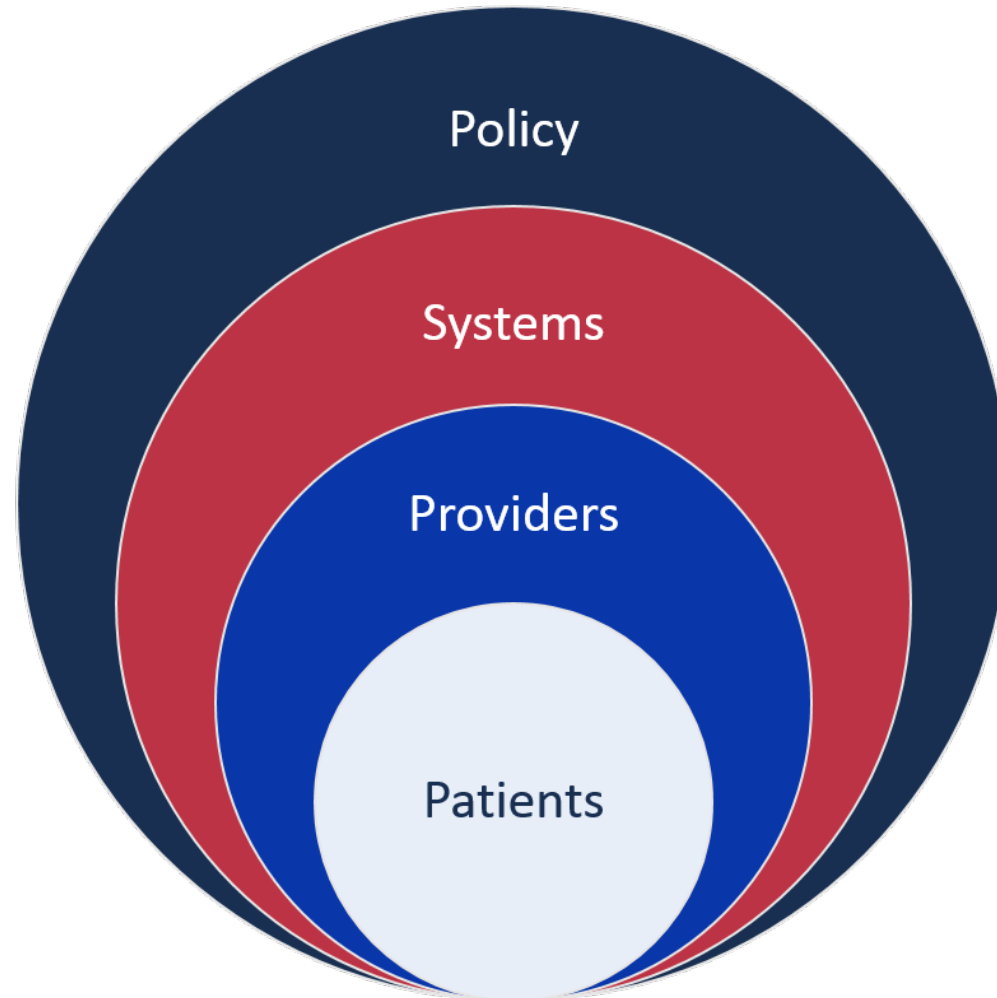
### Meeting Report: Increasing Colorectal Cancer Screening for American Indians and Alaska Natives

November 2017





# CRC Framework for Change



## Priority Activities

- 1. Provide patient navigation to identify and address barriers**
- 2. Collect qualitative data on the “never” and “rarely screened” to identify additional strategies to increase screening in these groups**
- 3. Develop dissemination strategies to improve use of materials (e.g. build into EHR)**
4. Identify and leverage community champions to encourage screening/change cultural norms
5. Inventory existing educational materials (e.g. link to repositories such as National Native Network and Native CIRCLE))
6. Evaluate existing materials for cultural appropriateness and literacy level
7. Disseminate culturally appropriate materials
8. Use client reminders
9. Support community health to clinic linkages (e.g. invite community members to clinic meetings)

(bold indicates high priority)

**CRC FRAMEWORK FOR  
CHANGE**

**Patients**

## Priority Activities

1. **Increase ongoing training and professional development opportunities available for providers and CHR/patient navigators**
2. **Improve provider skills in communicating CRC risk and screening to patients (e.g. motivational interviewing, easy-to-understand/low-literacy phrasing)**
3. **Increase collaboration between providers and respective community outreach personnel, including patient navigators (Native Sisters), CHAPS, CHR, CHWs, peer educators, lay health advisors**
4. **Support effective EHR solutions, including provider reminders**
5. **Use patient navigators in concert with providers to conduct CRC screening outreach**
6. Link CRC screening to existing organizational priorities (i.e. diabetes management)
7. Implement provider feedback and assessment to report and monitor individual provider rates
8. Use team-based approaches to increase screening

(bold indicates high priority)

**CRC FRAMEWORK FOR  
CHANGE**

**Providers**

## Priority Activities

- 1. Develop and provide tailored TA to implement clinic policies and procedures, including EHR improvements**
- 2. Develop tutorials on documenting/pulling data from EHRs**
- 3. Centralize population outreach on CRC screening (e.g. automated reminders, mailed FIT)**
4. Implement phone-based patient navigation
5. Develop and implement CRC policy and procedure templates for clinics
6. Negotiate bulk pricing for evidence-based screening tests (e.g. FIT, stool DNA) and prep (e.g. through IHS and community based clinic settings)
7. Implement Flu-FIT (to emphasize annual screening)

(bold indicates high priority)

**CRC FRAMEWORK FOR  
CHANGE**

**Systems**

## Priority Activities

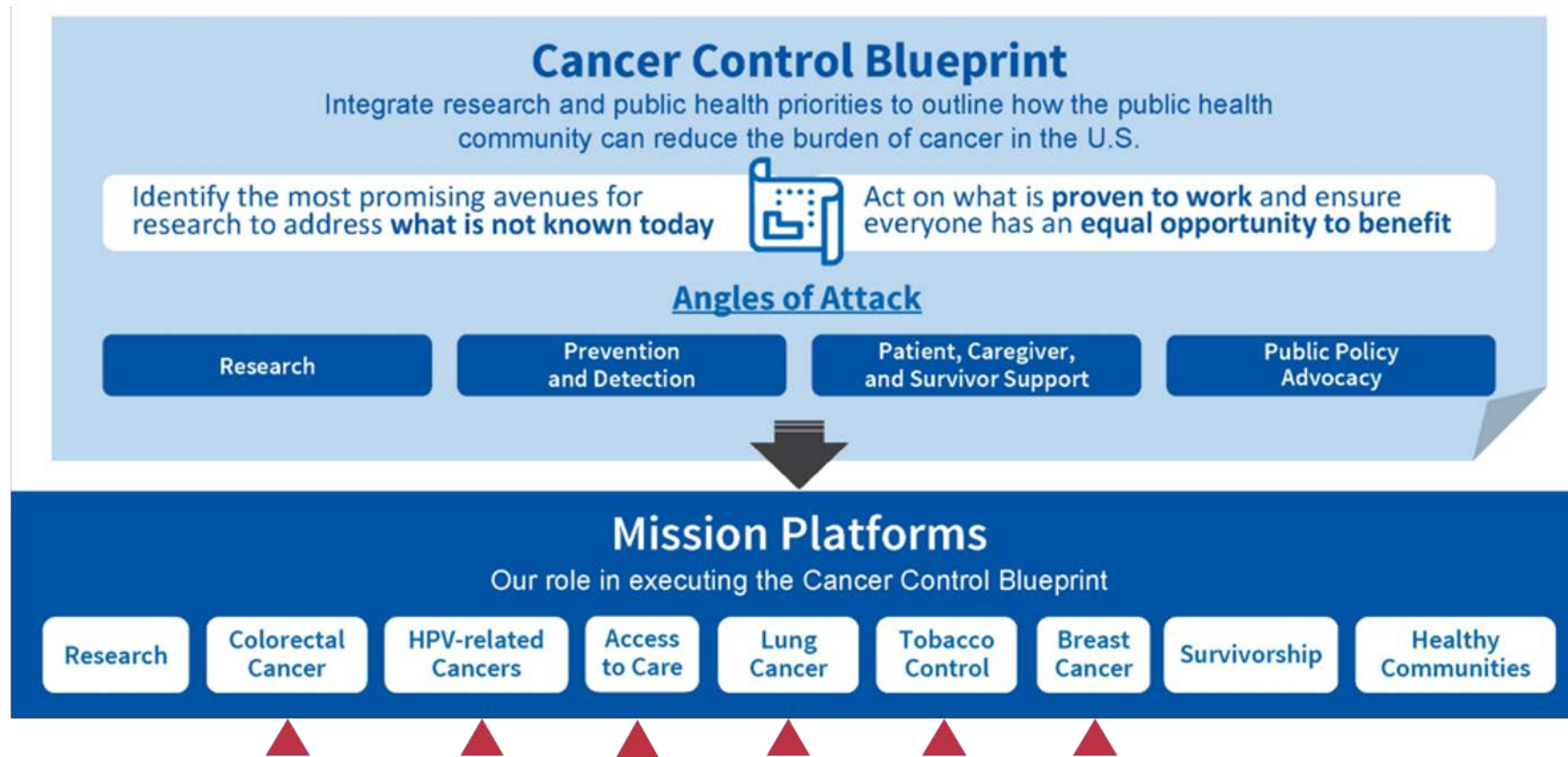
1. **Advocate for increased funding for tribal, urban and AI/AN organization specific CRC interventions**
2. **Workforce development for AI/AN patient navigators, CHRs, Primary Care Physicians and support staff to aid in increasing CRC screening rates and follow-up**
3. **Implement and evaluate CRC interventions for high-risk AI/AN community members. (post meeting suggestion)**
4. Advocate for increase in GPRA target from 39%

**CRC FRAMEWORK FOR  
CHANGE**

(bold indicates high priority)

**Policy**

# Cancer Control Blueprint



Focus areas of the American Cancer Society CHANGE program

# CHANGE Team & Sponsored Program Office (SPO)



Laura Makaroff



Durado Brooks



Octavia Vogel



Bobbie Bohnsack



Richard Killewald



Kerri Gober

# Impacting Lives One Community At A Time Since 2011



**3.2 million  
outreach and  
education  
interventions**



**270  
health systems  
funded**



**915,000  
cancer screenings**



# Cancer Control Blueprint

## Recent, Active, and Upcoming Work

### Recent

- Cohort of five projects focused on increasing colorectal cancer screening in AIAN communities
- Cohort of 32 projects focused on breast, cervical, colorectal and HPV vaccinations

### Active

- Cohort of 32 projects focused on breast health equity

### Upcoming

- Cohort of 7 projects focused on lung cancer screening
- Cohort of 5 projects focused on breast health equity in AIAN communities



# **CHANGE Colorectal Cancer Grantees**

# Background

**Increasing access to colorectal cancer screen at five organizations serving the health needs of AIAN communities nationwide.**

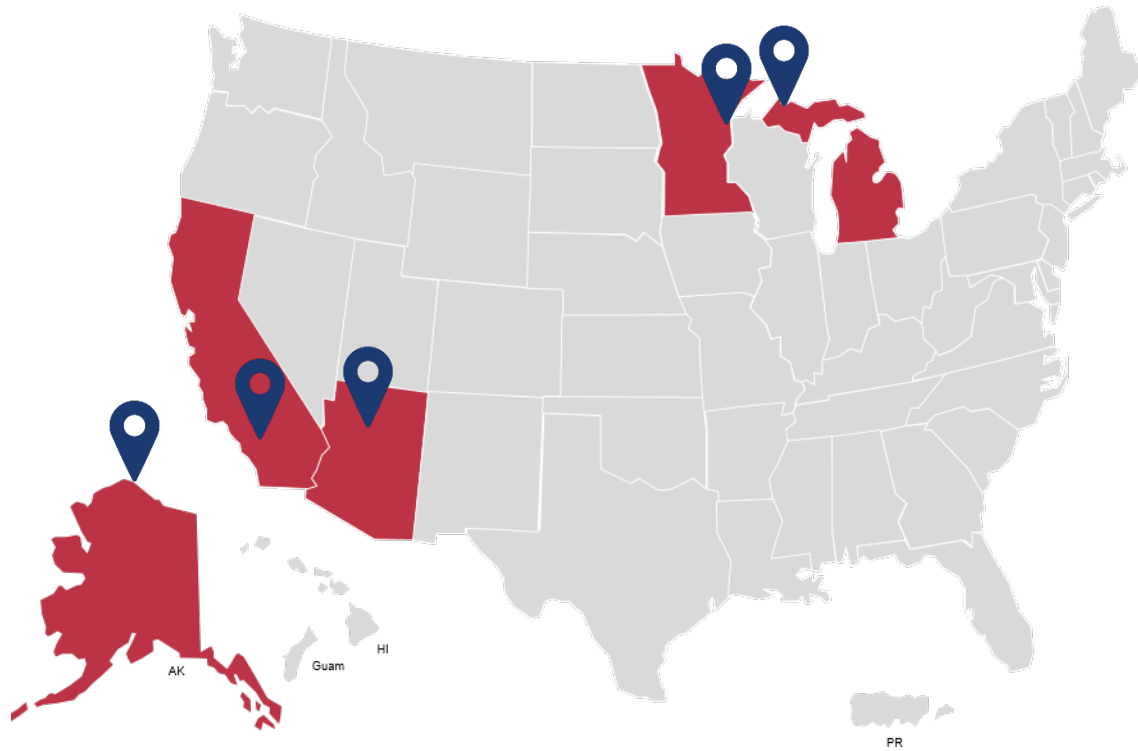
24 month project – June 2017 through May 2019

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\$100K grants



# Project Partners



## ALASKA

Arctic Slope Native Association  
Barrow, Alaska

## ARIZONA

Native Americans for Community Action  
Flagstaff, AZ

## CALIFORNIA

Riverside San Bernardino County Indian Health,  
Inc.  
Grand Terrace, CA

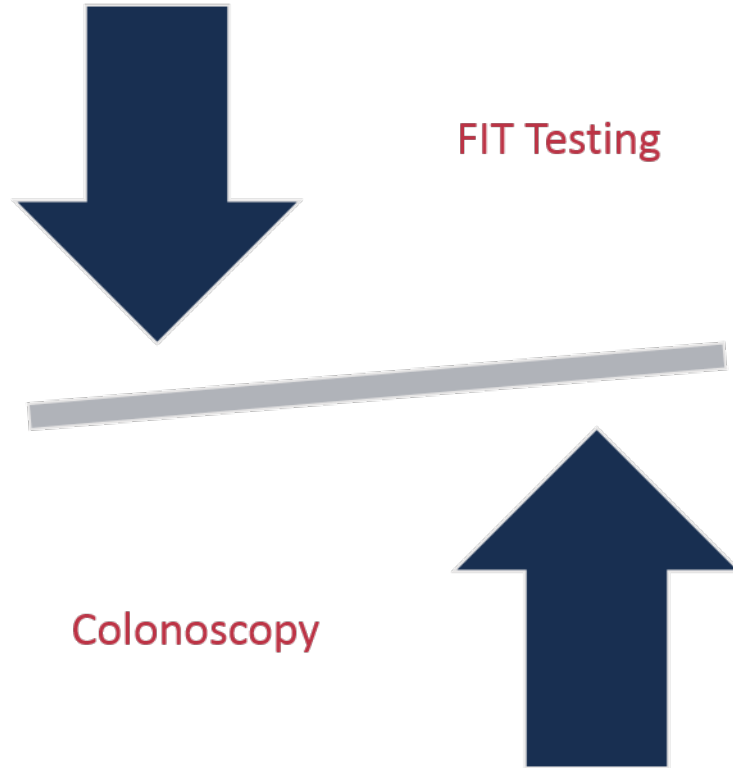
## MICHIGAN

Keweenaw Bay Indian Community  
Baraga, MI

## MINNESOTA

Fond du Lac Human Services Division  
Cloquet, MN

# CRC Screening Methods



## Summary of Impact

**11,700**



Evidence-based  
interventions

**1,400**



Colorectal cancer  
screenings

**340**



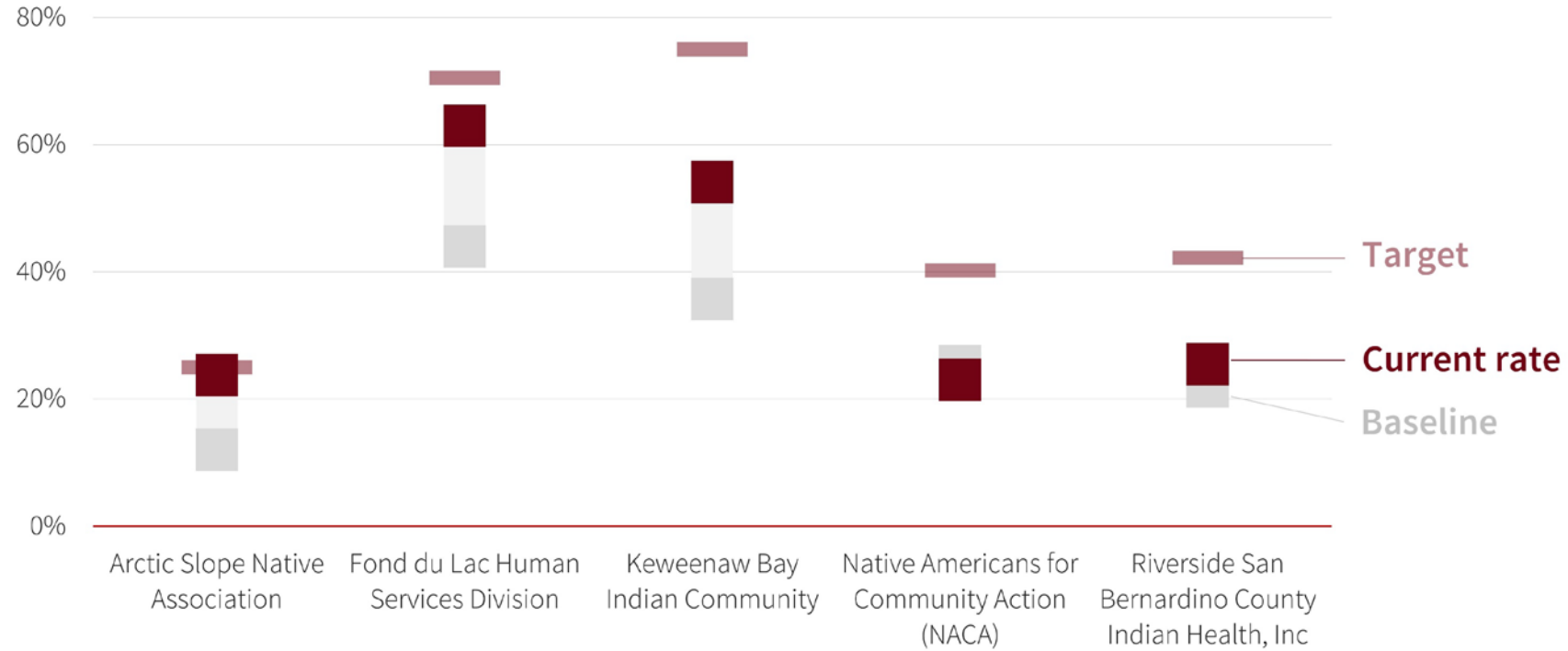
Abnormal  
screenings

**10.1**



Percentage point  
increase in colorectal  
cancer screening rate

# Summary of Impact



Includes results through fifth progress report and is subject to change.

## Evaluation-Grantee Experience

- The American Cancer Society is working with the Robert Graham Center to evaluate the American Indian and Alaska Native Colorectal Cancer Screening grant program.
- Work will continue through the end of 2019.





# Evaluation- ACS Staff Experience

## Top Findings

- Additional time is needed for relationship-building, inclusive decision-making processes are important, and cultural sensitivity is critical.
- ACS does not have sufficient materials for AIAN populations. Training materials and opportunities for ACS staff need to be bolstered, and existing patient education materials are not linguistically or culturally appropriate.

## Strategic Recommendations

- Extend application period to allow tribes more time to prepare proposals and gain buy-in from key stakeholders.
- Develop culturally- and linguistically-appropriate patient and staff education materials.
- Give ACS staff time to devote to building relationships by attending events and meetings aimed at providing hands-on assistance.

Statistics & Evaluation Center

**AIAN CHANGE Grant Internal Evaluation Findings**

**Evaluation Description**  
**Objectives:** 1) Provide feedback to help the CHANGE team improve their technical assistance and grant management work with American Cancer Society (ACS) regional staff. 2) Better understand how ACS can efficiently, effectively, and respectfully work with American Indian/Alaska Native (AIAN) and other minority populations on cancer prevention projects.

**Methodology.** An evaluator from the Statistics & Evaluation Center developed a semi-structured interview guide with input from CHANGE team members. Interviews were conducted in a private setting by telephone or Skype and lasted 40-70 minutes. Interview notes and recordings served as the primary data source for this evaluation. Methods were reviewed by the Morehouse Institutional Review Board and deemed a quality improvement/non-research project.

**Top Findings**


1. Working with AIAN populations can be similar to other minority groups, but special considerations should be made for additional time, cultural sensitivity, relationship-building, and inclusive decision-making processes.
2. ACS staff are satisfied with how the CHANGE program operates, including the collaborative approach of letting grantees determine what is appropriate for their audience and the direction and oversight provided by the CHANGE team. However, they could use assistance with balancing budget priorities.
3. ACS does not have sufficient materials for AIAN populations. Training materials and opportunities for ACS staff need to be bolstered, and existing patient education materials are not linguistically or culturally appropriate.
4. Health Systems (HS) managers wish they had more time to devote to their grantees and felt it could allow them to provide better hands-on assistance, improve communication, and build deeper relationships.

**Strategic Recommendations**

1. Extend application period to allow tribes more time to prepare proposals and gain buy-in from key stakeholders.
2. Develop culturally- and linguistically-appropriate patient and staff education materials.
3. Provide clear guidance on data reporting and evidence for budgeting priorities.
4. To the greatest extent possible, give ACS staff time to devote to building relationships by attending events and meetings aimed at providing hands-on assistance.

**Important Topics**  
**Grant Approach**  
 All interviewees agreed that the grant's "bottom-up" approach—allowing grantees to take charge of projects and determine their own goals and implementation strategies—was appropriate for this type of program and population. HS managers recognized this was a pilot program and expected to encounter challenges, but ultimately felt the grant process was smooth and produced meaningful results without major complications. Several stated they would happily continue this work or participate in future CHANGE grants.

**Application and Selection Process**  
 HS managers generally described the application and selection process as smooth and clear, but also noted it felt rushed. AIAN groups may require more application time than other health systems to gain approval (i.e., signatures) from important individuals, who often do not feel rushed to operate on others' schedules. Thus, HS managers suggested the application process allow more time for proposal preparation. Having pre-established relationships with tribes made some staff feel more favorably about the process compared to those who were new and trying to establish new connections. A few HS managers also felt they could use more background information from the CHANGE team about how/why the grant's evidence-based interventions were chosen (i.e., source of evidence, demonstrated effectiveness for AIAN populations).



# Thank You!

[cancer.org](https://cancer.org) | 1.800.227.2345

