American Indian and Alaska Native Colorectal Cancer Screening Improvement Strategies

Presented by: Donald Haverkamp, MPH
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
Cancers Incidence Rates, 2012-2016 PRCDA, AI/AN and White

**Males**
- Prostate
- Lung and Bronchus
- Colon and Rectum
- Kidney and Renal Pelvis
- Liver and Intrahepatic Bile Duct
- Urinary Bladder
- Non-Hodgkin Lymphoma
- Oral Cavity and Pharynx
- Leukemias
- Pancreas
- Stomach
- Melanomas of the Skin
- Myeloma
- Esophagus
- Testis

**Females**
- Prostate
- Lung and Bronchus
- Colon and Rectum
- Kidney and Renal Pelvis
- Liver and Intrahepatic Bile Duct
- Urinary Bladder
- Non-Hodgkin Lymphoma
- Oral Cavity and Pharynx
- Leukemias
- Pancreas
- Stomach
- Melanomas of the Skin
- Myeloma
- Esophagus
- Testis
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**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>AI/AN Percentage</th>
<th>NHW Percentage</th>
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<tbody>
<tr>
<td>&lt;50 years</td>
<td>21.1%</td>
<td>23.7%</td>
</tr>
<tr>
<td>50-64 years</td>
<td>39.6%</td>
<td>25.8%</td>
</tr>
<tr>
<td>65-74 years</td>
<td>23.7%</td>
<td>29.2%</td>
</tr>
<tr>
<td>75+ years</td>
<td>15.7%</td>
<td>9.3%</td>
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**Graph:**

- **AI/AN:**
  - 75+ years: 21.1%
  - 65-74 years: 39.6%
  - 50-64 years: 23.7%
  - <50 years: 15.7%

- **NHW:**
  - 75+ years: 35.7%
  - 65-74 years: 25.8%
  - 50-64 years: 29.2%
  - <50 years: 9.3%
Annual age-adjusted colorectal cancer incidence rates and trend lines for males and females, PRCDA, US, 1999-2016

### Annual percent change

- **Male AI/AN (1999-2016: -0.8%)**
- **Female NHW (1999-2002: -1.4; 2002-2013: -2.9%; 2013-2015: -1.3%)**
- **Female AI/AN (1999-2006: -0.4)**
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

Healthy People 2020 Goal is 70.5%

Percent Screened

<table>
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<tr>
<th>Year</th>
<th>Percent Screened</th>
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<tbody>
<tr>
<td>1</td>
<td>35.0</td>
</tr>
<tr>
<td>2</td>
<td>37.5</td>
</tr>
<tr>
<td>3</td>
<td>38.6</td>
</tr>
<tr>
<td>4</td>
<td>39.8</td>
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<tr>
<td>5</td>
<td>41.4</td>
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<tr>
<td>6</td>
<td>31.9</td>
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Colorectal Cancer Screening: GPRA 2018 results by IHS Area

Percent

Alaska 28.1
Albuquerque 30.7
Bemidji 26.8
Billings 29.5
California 23.4
Great Plains 31.8
Nashville 36.4
Navajo 35.9
Oklahoma 38.4
Phoenix 25.8
Portland 26.8
Tucson 28.0

2018 GPRA Target 32.6%
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).
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:

• 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

Present project:

www.tribalcolorectalhealth.org
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

Number of FDRs Screened

First CRC Screening Patient Navigator

Second CRC Screening Patient Navigator Added
Partners: American Indian Cancer Foundation and the National Indian Health Board

- Produced a CRC toolkit designed for providers and clinic teams, which includes tips for:
  - Leadership engagement
  - Setting up core clinic teams
  - Intervention strategies

[link to CRC toolkit](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

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 Indian and Alaska Native Health Initiatives

Octavia Vogel, MPH
Director, Cancer Control Initiatives

August 29, 2019
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”
INCREASING COLORECTAL CANCER SCREENING FOR AMERICAN INDIAN AND ALASKA NATIVES

CRC Framework for Change

Policy

Systems

Providers

Patients
Increasing Colorectal Cancer Screening for American Indian and Alaska Natives

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)
Priority Activities

1. Increase ongoing training and professional development opportunities available for providers and CHRs/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)
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)
# Priority Activities

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<td>1.</td>
<td><strong>Advocate for increased funding for tribal, urban and AI/AN organization specific CRC interventions</strong></td>
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<tr>
<td>2.</td>
<td><strong>Workforce development for AI/AN patient navigators, CHRs, Primary Care Physicians and support staff to aid in increasing CRC screening rates and follow-up</strong></td>
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<tr>
<td>3.</td>
<td><strong>Implement and evaluate CRC interventions for high-risk AI/AN community members.</strong> <em>(post meeting suggestion)</em></td>
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<tr>
<td>4.</td>
<td><strong>Advocate for increase in GPRA target from 39%</strong></td>
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*(bold indicates high priority)*
Focus areas of the American Cancer Society CHANGE program
CHANGE PROGRAM OVERVIEW

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

$100K grants
DEDICATED AMERICAN INDIAN AND ALASKA NATIVE FUNDING OPPORTUNITY FOR COLORECTAL CANCER SCREENING

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

FIT Testing

Colonoscopy
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
DEDICATED AMERICAN INDIAN AND ALASKA NATIVE FUNDING OPPORTUNITY FOR COLORECTAL CANCER SCREENING

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.
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.
Thank You!
cancer.org | 1.800.227.2345