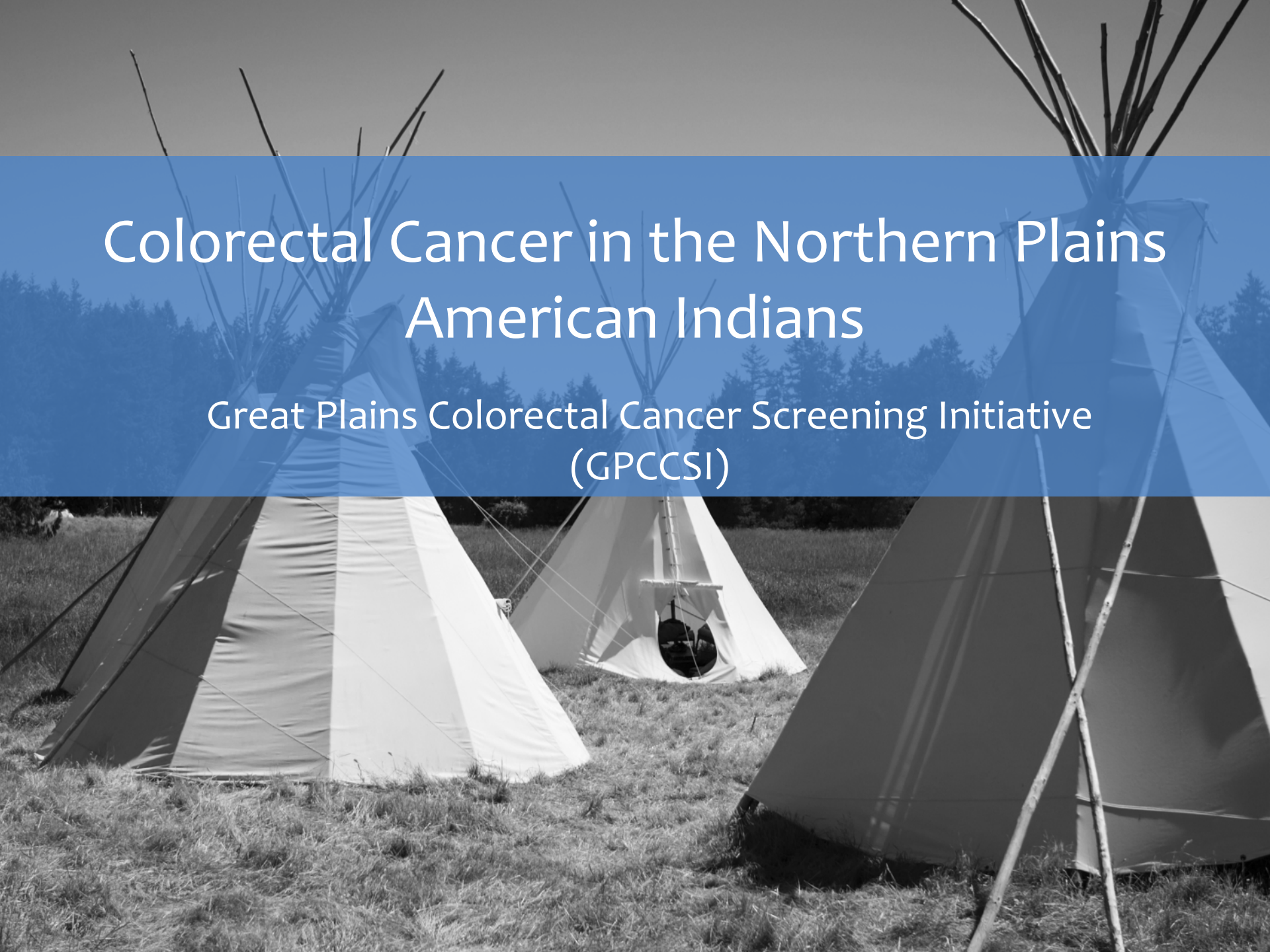




"Hecel Oyate Kin Nipi Kte -- So That The People May Live"

A black and white photograph of three tipis in a grassy field. The tipis are made of light-colored canvas and are supported by wooden poles. The background shows a line of trees under a clear sky. A semi-transparent blue banner is overlaid on the upper half of the image, containing the title and subtitle in white text.

Colorectal Cancer in the Northern Plains American Indians

Great Plains Colorectal Cancer Screening Initiative
(GPCCSI)



Great Plains Colorectal Cancer Screening Initiative (GPCCSI)

- 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 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.

"So That The People May Live"

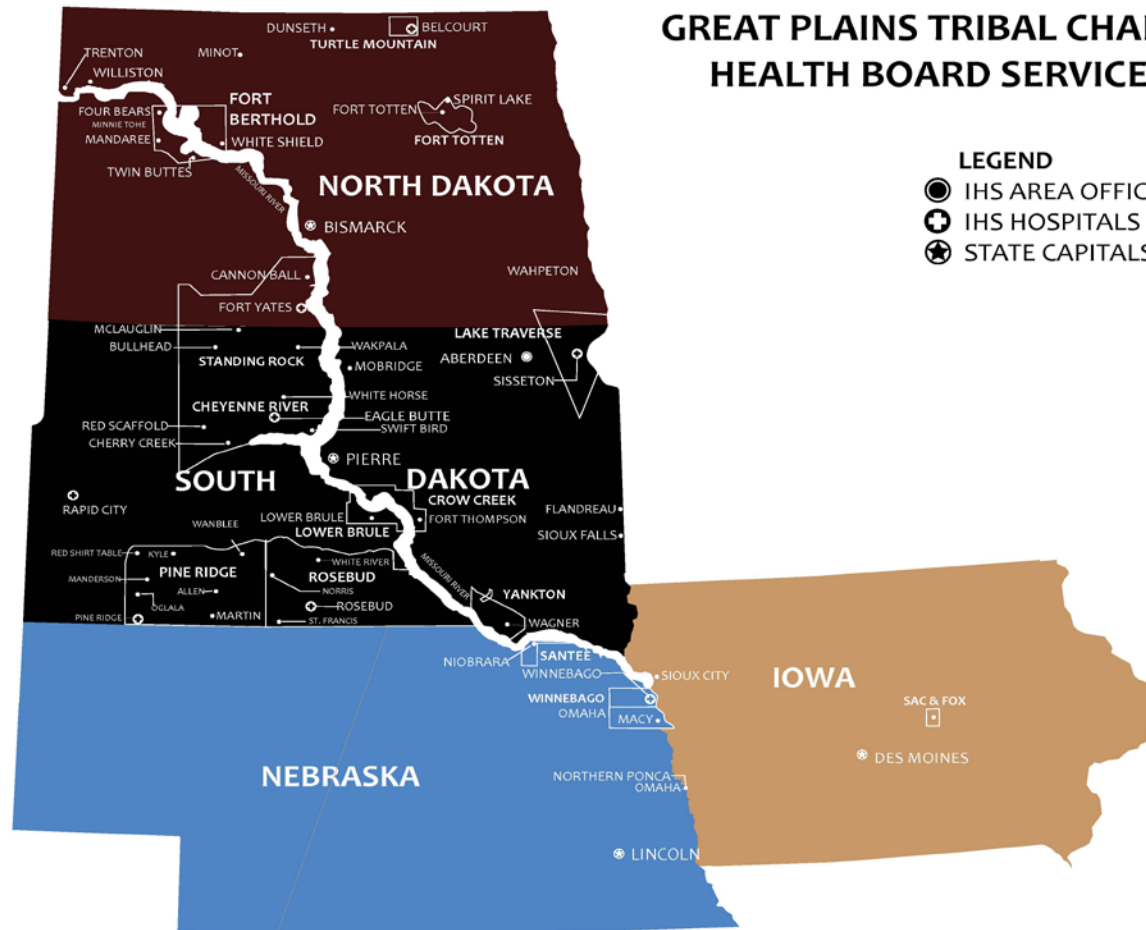


"Hecel Oyate Kin Nipi Kte"

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD SERVICE AREA

LEGEND

- IHS AREA OFFICE
- ⊕ IHS HOSPITALS
- ★ STATE CAPITALS





Great Plains Colorectal Cancer Screening Initiative

- The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its 19 Indian Health Service Units and Tribal managed Service Units to provide health care to approximately 122,000 Native Americans located in North Dakota, South Dakota, Nebraska, and Iowa.
- Great Plains Area IHS also provides health services to approximately 6,000 Native Americans who are not counted in the user population of the Area.



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

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

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

AI Colorectal Cancer (CRC) Data and Barriers



Is Colorectal Cancer Common Among American Indians?

- Yes, colorectal cancer is the third most common cancer for Northern Plains American Indians (after lung and prostate in men and lung and breast in women).
- Occurs more often in Northern Plains American Indian (NPAI) tribes than Whites and American Indians in other regions of the US except for Alaska Natives.
- Most are diagnosed with colorectal cancer at later stages of disease when it is harder to treat.
- Most likely to affect American Indian (AI) men and women over the age of 50.



SUPPLEMENT TO

American Journal of PUBLIC HEALTH

A PUBLICATION OF
AMERICAN PUBLIC HEALTH ASSOCIATION

Geographic Variation in Colorectal Cancer Incidence and Mortality | Perspectives on Mortality Data From the Indian Health Service | Racial Misclassification of American Indians and Alaska Natives | **AMERICAN INDIAN AND ALASKA NATIVE MORTALITY** | Disparities in Cancer Mortality and Incidence Among AI/AN People | American Indian Health Policy | The Alcohol-Attributable Death Rate Disparity Between American Indians and Alaska Natives and Non-Hispanic Whites | What Are the Causes of Suicide Among Young Alaska Native Men?

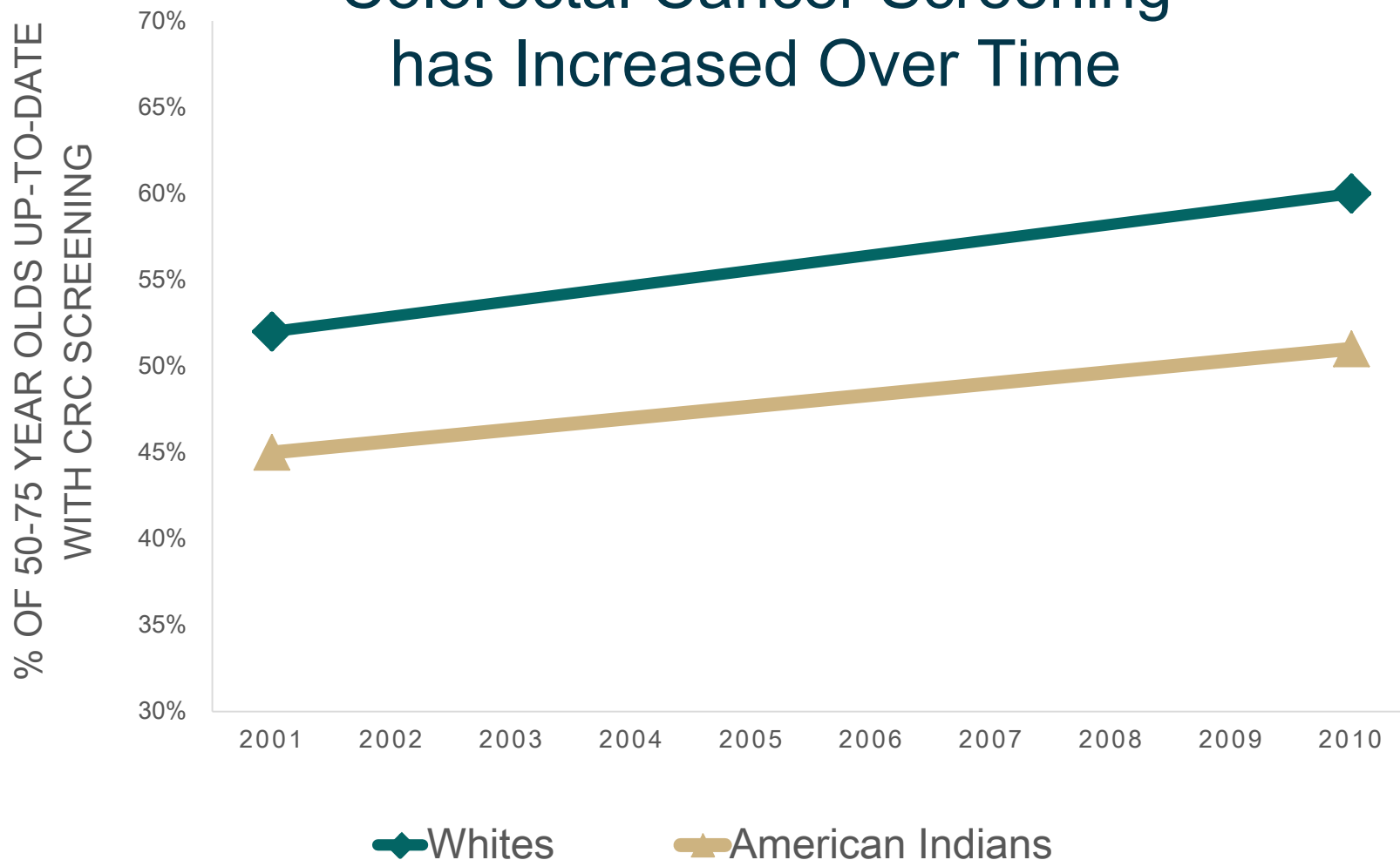


- Colorectal cancer is the 2nd leading cause of cancer death
- Incidence and mortality higher among American Indians than Whites
- Mortality stable or increasing among American Indians



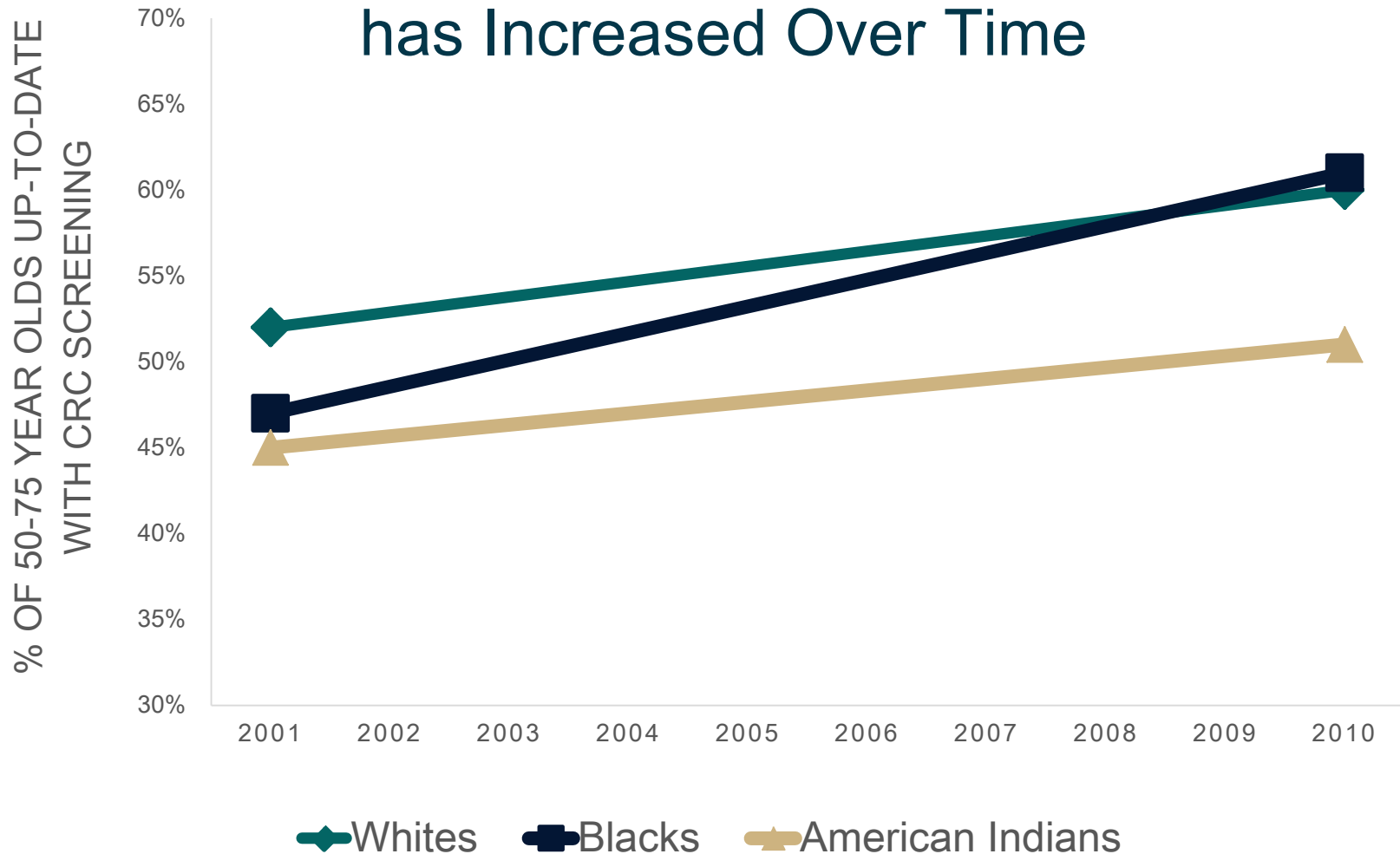


Colorectal Cancer Screening has Increased Over Time





Colorectal Cancer Screening has Increased Over Time





Great Plains American Indian CRC Screening Rate

- 26.3% of Great Plains American Indian adults 50-75 have been screened for colorectal cancer in the Great Plains region (GPRA, 2015).



CRC Screening: National Rates

In 2014, **67.6%** of US adults were up to date with screening.

- The percentages of Blacks and Whites up-to-date with screening were equivalent.
- Lower rates for Native Americans and Hispanics.
- Lowest rates among the uninsured.



CRC Priority Evidence Based Interventions (EBI'S)

1. The goal is to increase CRC screening in tribal areas.
2. Program funds are used primarily to implement evidence-based interventions (EBIs) or strategies recommended in The Guide to Community Preventive Services (Community Guide) to increase use of CRC screening tests.



CRC Priority Evidence Based Interventions

1. Provider assessment and feedback;
2. Provider reminders;
3. Client reminders;
4. Reducing structural barriers



CRC Supporting Strategies

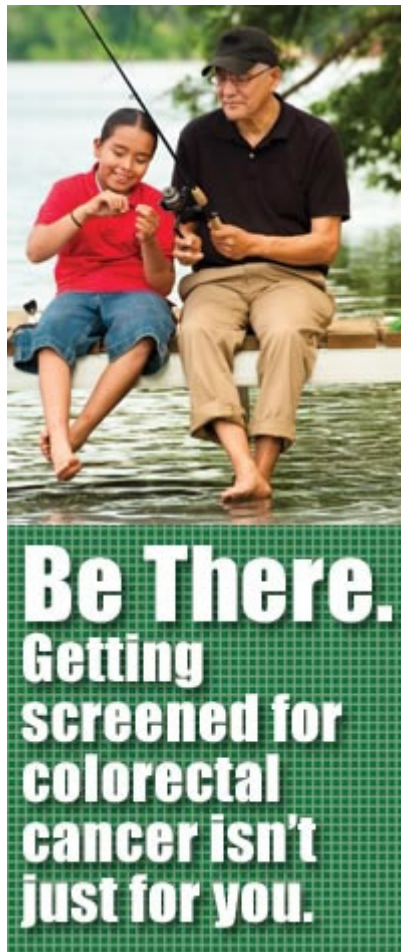
1. Small media;
2. Patient navigation;
3. Professional development and training;
4. Community-clinical linkages;
5. Health informatics



Small Media

Patient Education Materials

- Mail
- Email
- Social Media
- Other Media (Radio, TV, Newspaper, Billboards, etc...)

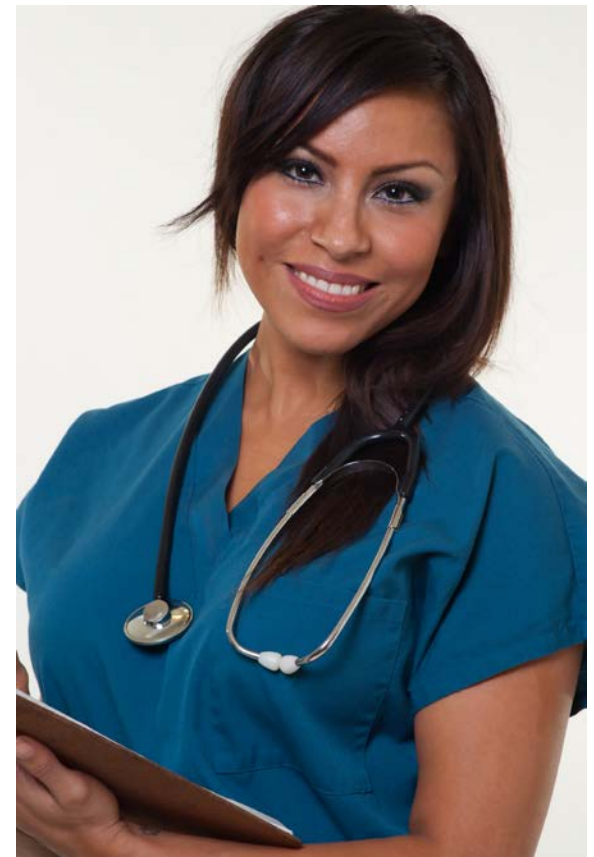




Patient Navigation

Address Barriers at:

- Patient Level
- Community Level
- Staff Level





Professional Development & Training

Optimizing Quality



- Explain the importance of offering both stool blood testing and colonoscopy as colorectal cancer screening options.
- Select appropriate colorectal cancer testing for each patient, consistent with screening and surveillance guidelines for different population subgroups.
- Identify the elements of a high-quality stool blood testing program.
- Identify the characteristics of high-quality colonoscopy services.



Community-Clinical Linkage

- Assessment and Evaluation
- Community Engagement
- Individual and Community Education
- Skill building
- Promotion





Health Informatics

- Electronic Health Record (EHR)
- Resource and Patient Management System (RPMS)
- iCare





Rural/Urban Populations

- Transportation
- Yearly screenings
- Access to treatment





Partnering, Educating and Planning Flu-FIT/FOBT at Tribal and Indian Healthcare Facilities





What is the FLU-FIT/FOBT Program?

The purpose of the Flu-FIT/FOBT program is to increase colorectal cancer screenings to men and women who are 50 years old to 75 years old.

When the flu season is here, the flu shot clinic staff can hand out FIT/FOBT/iFOBT kits to the appropriate aged patients.

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

Questions?





Thank you

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