"Hecel Oyate Kin Nipi Kte -- So That The People May Live"
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.
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  Rosebud Service Unit
Elbow Woods Memorial (TAT)  Sac and fox Service Unit
Fort Thompson Service Unit  Spirit Lake Service Unit
Flandreau Service Unit  Standing Rock Service Unit
Lower Brule Service Unit  Trenton Service Unit
Omaha Service Unit  Turtle Mountain Service Unit
Nebraska Urban Indian Health  Winnebago Service Unit
Ponca Service Unit  Woodrow Wilson Keeble Memorial (SWO)
Pine Ridge Service Unit  Yankton Service Unit
Rapid City Service Unit
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.
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

% OF 50-75 YEAR OLDS UP-TO-DATE WITH CRC SCREENING

2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

Whites
American Indians

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…)

Be There. Getting screened for colorectal cancer isn't just for you.
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.
Questions?
Thank you

GREAT PLAINS TRIBAL CHAIRMEN’S HEALTH BOARD (GPTCHB)
1770 Rand Road
Rapid City, SD 57702

Phone: 605.721.1922
Toll Free: 1.800.745.3466
Fax: 605.721.1932

Email: info@gptchb.org