

Strategic Plan to Increase Colorectal Cancer Screening Among American Indians and Alaska Natives Executive Summary (updated January, 2012)

INTRODUCTION

Colorectal cancer (CRC) screening, following established guidelines, along with appropriate follow-up after positive screening test results, can substantially decrease morbidity and mortality from CRC. According to Government Performance and Results Act (GPRA) data, 41.7% of all eligible persons served by Indian Health Service (IHS) were current with CRC screening in 2011. This is a substantial increase since 2006, when the baseline rate for the new GPRA CRC screening measure was 22%, but the current screening rate remains well below IHS screening rates for breast (49.8%) and cervical (58.1%) cancers. The IHS colorectal cancer screening task force works to identify strategies that may help improve CRC screening rates among AI/AN, and to increase the priority of CRC screening within IHS, Tribal, and Urban (I/T/U) facilities. Four areas of focus have been established: 1) Health care professional education and practice, 2) Public education and awareness, 3) Health policy, and 4) Screening capacity.

HEALTH CARE PROFESSIONAL EDUCATION AND PRACTICE

What is currently being done?

- The CD-ROM “Taking Action: Colorectal Health” is now available (Melany Cueva in Alaska). This interactive, continuing education CD-ROM focuses on colorectal cancer prevention, screening, and early detection and is being distributed to Community Health Representatives (CHRs), Community Health Aides (CHAs), and Community Health Practitioners (CHPs) around the country.
- The 25 minute Readers’ Theatre script entitled “What’s the Big Deal” (Melany Cueva) is now available as a resource for CHRs, CHAs, CHPs, and communities. The product has been published through CES4Health.info
<http://www.ces4health.info/find-products/view-product.aspx?code=RLK82JKB>
Another Readers’ Theatre script is being developed that focuses on treatment and survival after diagnosis with CRC.
- In response to Alaska’s CHAs and CHPs wanting an education tool that has all the recommended cancer screening exams, ‘Help Yourself to Health’ a cancer education flip chart was developed (Melany Cueva). Reading the flip chart and successfully completing the quiz was approved for 2 hours of CHA/P continuing education. To extend learning, a new booklet called ‘Help Yourself to Health: Screening Exams to Prevent Cancer or Find Changes Early’ was created. Its messages range from

screening exams, to living tobacco free, to general wellness information, as well as resources for additional information.

- Colorectal cancer information is part of the 5-day Path to Understanding Cancer Course and The Wellness Course specifically designed for and with Alaska's Community Health Workers (Melany Cueva). Recently, digital storytelling was added to the cancer education course in which participants create their own 2 to 3 minute health message to share within their communities. With storyteller permission digital stories are posted on the newly created Alaska Native Center for Digital Storytelling site www.youtube.com/ANTHCDigitalStories
- The Tribal Colorectal Health Education and Navigation Project educates CHRs and empowers them to take on the role of patient navigator in the CRC screening process. The project director (Kevin English) is planning more regional workshops in 2012, including Portland Area, Phoenix Area, and Navajo Nation. He continues to work with multidisciplinary task force groups in each participating tribe in the Albuquerque Area to strengthen local CRC health education/patient navigation initiatives. He will also implement clinic provider detailing sessions that outline key procedures associated with immunochemical (iFOBT) stool card testing in 5 Albuquerque Area Indian Health Board consortium Tribes (Alamo Navajo, TóHajiilee Navajo, Mescalero Apache, Jicarilla Apache and Ute Mountain Ute).
- The American Indian Cancer Foundation is implementing "Improving Northern Plains American Indian Colorectal Cancer Screening (INPACS)", a project that assesses the capacity of Northern Plains I/T/U facilities to conduct CRC screening. In addition to the site assessment, a provider education session is given at each participating facility.
- An IHS listserv is available to disseminate information and recently published articles on CRC screening, policy, screening program implementation systems, etc. To subscribe, go to: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=138
- Several Improving Patient Care (IPC) sites continue to focus on improving CRC screening rates using various strategies.

What more can we be doing?

- Promote the use of the colorectal cancer tracking package in RPMS, and iCARE software. The current version of iCARE (2.1) includes Care Management Event Tracking (CMET), which enables clinic staff to track CRC screening events through findings, follow-ups, and patient notification <http://www.ihs.gov/cio/ca/icare/>
- Promote the USPSTF guidelines for CRC screening
- Formal write-up of successful efforts to increase screening rates (i.e., Warm Springs and Forest County Potawatomi)
- Work towards a collaboration between the American Indian Cancer Foundation (INPACS project) and the IPC initiative

- Collaborate with the IHS Clinical Support Center's continuing education program for provision of CEUs to providers for CRC education
- Conduct a webcast provider conference about CRC screening in Indian Country (Where are we and where do we need to go? How do we get there? Invite national experts)
- Brainstorm of ideas for provider education sessions:
 - Importance of screening and its impact
 - Guideline controversies (USPSTF vs ACS-Multi-society)
 - Trends in various screening modality usage
 - Innovations/best practices for increasing CRC screening rates
 - Quality improvement and safety considerations
 - Tracking and monitoring (follow-up after positive screening tests)
 - What tools are needed to help us know where we are in regards to screening, at patient and population level?
 - Shared and Informed Decision making
 - Barriers to CRC screening, both patient and provider perspective
 - I/T/U health system influences on screening rates
 - Review of evidence-based strategies that work to increase screening
 - What can we do to improve the quality and consistency of colonoscopy?

PUBLIC EDUCATION AND AWARENESS

What is currently being done?

- ANTHC website has links to various PSAs, videos, and digital stories that they have produced:
http://www.anthc.org/chs/epicenter/colorectal_cancerprogram.cfm
- Alaska Native CRC educational brochure, and others, have been developed in Indian Country, adapting CDC Screen for Life materials
- The "What's the Big Deal" Readers' Theatre script has been adapted into a 25 minute movie/telenovela format with funding from the Arctic Slope CRC program. www.youtube.com/watch?v=2DPgnIirW5M
- Distance learning sessions have been conducted in remote areas of AK
- A CRC family history database is being populated in Alaska, and efforts are being made to contact and screen first-degree relatives of CRC patients.
- Through the Tribal Colorectal Health Education and Navigation Project (Kevin English in New Mexico), CHRs have developed American Indian-specific health education materials, including PSAs, flip chart, and digital stories
- Alaska CRC screening navigator demonstration project was completed and a report was disseminated on lessons learned

What more can we be doing?

- Identify CRC champions (i.e, Elders, CRC survivors)

- Explore use of social media (widgets, podcasts, social-networking websites, etc.) in CRC screening awareness efforts
- Promote coordinated, culturally appropriate, AI/AN education initiatives
- Decide on key messages about CRC that should be consistently delivered to AI/AN communities
- Identify gaps and inconsistencies in I/T/U CRC educational materials

HEALTH POLICY

What is currently being done?

- GPRA measure for CRC screening established in 2006 (baseline screening rate of 22%). GPRA results for 2011 show 41.7% screened
- Patient and Family Education Protocols and Codes (PEPC) for CRC screening are now included in the PEPC manual <http://www.ihs.gov/healthed/index.cfm?module=pepc> They can be found under Men's Health (MH-CRC) and Women's Health (WH-CRC)
- CRC summit meetings, funded through the CDC-IHS inter-agency agreement, have been held in the following IHS Areas: Aberdeen (Oct, 2009), Billings (Sept, 2010), and Portland (Oct, 2011). These meetings brought Federal, State, IHS, and Tribal representatives together to discuss ways to increase CRC screening.
- Fecal Immunochemical Test (FIT) study in Alaska – Enrollment in the study is nearing completion and findings from the study may have an impact on CRC screening policy for Alaska Natives
- Survey was completed (Jessica Craig in AK) to look at what CRC screening tracking systems and reminder systems are currently being used by I/T/Us around the country
- GPRA measure validation project looked at screening vs diagnostic CRC procedures
- The resource "*How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-based Toolbox and Guide*", last updated by ACS in 2008 is now available through the Online Submission, Consultation, and Reporting System (OSCAR) <http://www.ihs.gov/oscar/> This guide stresses the importance of having a CRC screening policy in place

What more can we be doing?

- FOBT study in Albuquerque Area (proposal submitted for 2012 funding from CDC). This study will be conducted to determine the effectiveness of direct mail out of FOBT, and follow-up by CHRs, and could influence CRC screening policy for IHS
- Disseminate the CRC screening and tracking systems report
- Promote the use of CRC screening clinic policies
- Develop other GPRA or Non-GPRA CRC screening measures
- Promote use of gFOBT or iFOBT for screening, especially in areas where access to endoscopy is limited

- Endorse CRC screening as an evidence-based, recommended practice for all average-risk AI/AN ages 50-75, and that I/T/U providers should use clinical judgment to decide whether screening is appropriate in a patient older than 75 years of age (USPSTF guidelines)
- Continue to submit best practices for CRC screening to the new IHS Best Promising Practices and Local Efforts Online Submission, Consultation, and Reporting System (OSCAR) <http://www.ihs.gov/oscar/>

SCREENING CAPACITY

What is currently being done?

- Itinerant endoscopy continues in Alaska. The manuscript “The Last Frontier: Innovative Efforts to Reduce Colorectal Cancer Disparities Among Remote Alaska Native Populations” (Diana Redwood et al), which summarizes these (and other) activities, has been accepted for publication in the journal *Gastrointestinal Endoscopy*
- The American Indian Cancer Foundation is planning to conduct a survey to assess endoscopic screening capacity in Indian Country

What more can we be doing?

- Support vision for a mobile endoscopy unit to increase screening capacity in rural northern plains
- Establish an ‘IHS Center for Excellence in Colorectal Cancer’