



American Indian/Alaska Native Project Newsletter Spring 2008

In May 2007, ten American Indian/Alaska Native (AI/AN) teams gathered in Portland, Oregon, for the *Dialogue for Action* AI/AN Working Meeting on colorectal cancer (CRC). The two-day meeting provided a forum for the teams to come together to discuss how to decrease CRC in their communities by increasing CRC awareness, education and screening. At the conclusion of the two-day meeting, each of the teams had begun crafting an action plan to implement in their communities. Since that time, they have made measurable progress in the face of varied and unique challenges.



AI/AN Working Meeting Participants

ABERDEEN

The Aberdeen Area/Northern Plains team has worked together to develop a flexible plan to meet the unique needs of each of the six communities across three states represented by the single Aberdeen team. The team is composed of members who work with the communities of Standing Rock, Three Affiliated, Sisseton, Pine Ridge, Winnebago, and Cheyenne River. Despite the challenges inherent to working with such diverse communities, the Aberdeen team has been able to ensure continuity in the project by arranging monthly team conference calls where each team member can share successes and challenges.

As part of the team's action plan, each community representative is now in the process of planning an educational event tailored to his/her respective community. Many of the communities have begun to solicit partnerships for their efforts and some of these educational events are already under way—the Standing Rock community held a “Lunch and Learn” session on Wednesday, March 19, 2008. For a copy of the brochure for this event, please contact Leah Frerichs.

Additionally, the team has obtained a letter from the Aberdeen Area Indian Health Services (IHS) office in support of its project that can be used to approach service units in each community with the possibility of providing fecal occult blood test (FOBT) kits during the event. We applaud the Aberdeen team for its innovative action plan and wish its team members well in planning their educational events.

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ALASKA

The Alaska Native Tribal Health Consortium (ANTHC) Comprehensive Cancer Program (CCP) has organized a formal discussion around CRC screening. This discussion drew upon the successful experiences of the established breast and cervical screening programs, because many of the barriers to screening for breast and cervical cancer are similar to those for CRC screening. The meeting, which took place in December 2007, included representatives from the regional breast and cervical cancer screening programs (both those that receive funding from the Centers for Disease Control and Prevention [CDC] and those that do not), the Alaska Native Epidemiology Center, and the State of Alaska CCP. Twenty-two participants attended from nine regions across the state to develop an action plan that addresses the multitude of screening barriers across the state. Screening barriers in rural Alaska are diverse and include high staff turnover, cost and scheduling of travel, lodging, availability of escorts, difficulty scheduling procedure rooms, need for staff and equipment, patient misunderstandings about prepping for the procedure, and no-show patients. These difficulties are compounded by the need to travel long distances by plane or boat through difficult weather and terrain and competing priorities and demands on providers, schedulers, and other administrative staff.

In response to feedback given at their December meeting, the Alaska team is developing a menu of options for ways in which the CCP can assist communities and facilities to build CRC awareness and to increase their rates of CRC screening. Congratulations to Alaska for working to increase CRC screening by bringing together its culturally and geographically diverse regions (no small feat during winter in Alaska) and capitalizing upon its already successful cancer programs.

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BLACK HILLS

The Oglala Lakota CRC Group (Black Hills Center for American Indian Health) has sought to increase CRC awareness and screening of the older Lakota living on the Pine Ridge Lakota Reservation. The team has been successful in recruiting eight Lakota elders (four male and four female) for the formation of a Lakota CRC Advisory Board (LCCAB), with the purpose of increasing knowledge of the importance of CRC screening among community elders. Two team members have conducted monthly meetings with the advisory board not only in an effort to reach out to the community, but also to better understand the culturally relevant barriers to screening in the Lakota community.

In addition to its advisory board activities, the team has distributed 90 FOBTs to community members to date. Team members are in the process of seeking to increase return rates through phone and mail campaigns, and the group has collaborated with the National Cancer Institute (NCI) funded program, *Walking Forward*, to provide follow-up care to those who have received positive results. We thank the team for the important work they are doing in the Pine Ridge community and are encouraged by their collaboration efforts.

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CHEROKEE

The Cherokee Nation CRC Workgroup has engaged in a variety of CRC related activities since attending the Working Meeting. Recently, the team was involved in two major events—the 2008 Cherokee Nation Cancer Summit in March and a CRC awareness event at the end of February. The event in February kicked off CRC Awareness Month and included a Prevent Cancer Foundation Super Colon exhibit donated by another local group.

In addition to holding educational events, the Cherokee team has focused on community outreach by writing and recording two public service announcements— one in English and one in Cherokee—which will be aired on the local Cherokee radio station. Also, the team is currently developing culturally relevant CRC prevention brochures, which will be distributed within the fourteen-county area.

The team is now in the process of identifying community members who are eligible for screening that would be paid for by the Oklahoma State Department of Health Comprehensive Cancer Control. The Cherokee team has done a wonderful job of diversifying its activities and making progress in CRC education through the use of various media.

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HO-CHUNK

The team from the Ho-Chunk Nation has been involved in many activities since returning to Wisconsin after the Working Meeting in Portland. The team began its project with a pilot study at a clinic in Baraboo, WI. The study is tracking the return rate of FOBT kits that have been provided at the clinic along with the number of positive results.

In addition to the pilot study, the team has also held elder luncheons in two locations: Black River Falls and Baraboo. These luncheons provided a meal, discussion, and CRC bingo for any elder who was interested in attending. The team members discussed CRC with the elders and inquired about community needs regarding colon cancer and screening efforts. One of the more popular responses they encountered was the request to send reminders to people in the mail to get an annual check-up. Using this community input, the team will begin to send birthday card reminders to all enrolled members who live in the Black River Falls area. The card contains a tear-off sheet listing the types of screening recommended for 40-, 50-, 60-, and 70-year-old individuals. As an incentive, when the person arrives at his/her appointment, he/she can exchange the card for a free dinner voucher at the casino buffet. We commend the Ho-Chunk team for its use of community input in developing this unique campaign and we look forward to seeing the impact of this project on CRC screening.

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INTER-TRIBAL COUNCIL OF MICHIGAN

The ITCM team has identified the Saginaw-Chippewa tribe as its collaborating partner and is making progress on its action plan. The team will be devoting its energies to developing culturally appropriate CRC materials—they plan to use current CRC materials as a template and then adapt them to their target community. For example, the team will insert pictures of local tribal community members into already-existing CDC posters like, “Busy People.” The team has decided to develop one provider brochure, one community brochure, one or two posters, and an FOBT instructional handout.

After drafting these new educational materials, the team plans to gather feedback from selected members of the community and Tribal Health Board members and revise accordingly. In an effort to reach out to all tribal members, the team will hang the posters in such locations as the bathrooms of their tribal buildings. Because the creation of culturally appropriate materials is essential to getting the word out about CRC to tribal communities, we are thrilled that the ITCM team is working on this important activity.

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KAW

The Kaw Nation Cancer Coalition has engaged in a variety of CRC related activities since returning from the working meeting in Portland. In addition to working with the Oklahoma State Department of Health Comprehensive Cancer Control to provide free colonoscopies for 10 individuals, the team has ordered and distributed American Cancer Society (ACS) brochures and pamphlets at health fairs, powwows, and the Kaw clinic. The team coordinator has also worked with Dee Ann DeRoin to develop a Kaw CRC brochure, as well as a pre-test and post-test to be used at educational events and health fairs.

The team has not limited its activities to education, but has also supplied FOBTs to providers at the Kaw clinic to give to patients who are eligible for screening. The team has been keeping close track of FOBT return rates and has sought feedback on its activities from community members. The team has also designed a pocket wellness guide to give to patients at the clinic. For a copy of the wellness guide and Kaw CRC brochure, please contact Lana Nelson. Kudos to the Kaw team members for making great progress on its action plan, as well as for measuring the impact of its efforts.

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MASHANTUCKET-PEQUOT TRIBAL NATION

The Northeast Tribal Wellness and Cancer Prevention Program has been able to organize CRC awareness events with their Prevent Cancer Foundation funds. One such event, the Native Elders Wellness and Cancer Prevention Luncheon, was held in October at the Mashantucket Pequot Museum and Research Center. Native American elders from various tribes throughout Connecticut attended. The event was the first forum for elders to discuss the key steps in the promotion of CRC awareness and screening for Native Americans in the Northeast. The highlight of the luncheon was presentations by three cancer survivors who spoke to the audience about their experiences, emphasizing the fact that there are no support programs for Native Americans. They also spoke of the importance of getting their stories heard and documented for future generations. For a copy of the full article in the Connecticut Cancer Partnership newsletter, please contact Mark Samos.

In addition to the elders luncheon, the team has hosted three successful talking circles, has enlisted the help of University of Connecticut graduate students to compile a financial resource guide for cancer and has worked with Yale undergraduate students to perform a literature review on the issue of Native American mistrust of health systems. The team also hosted a colorectal cancer “lunch and learn” and e-mail blitz to celebrate National Colorectal Cancer Awareness Month. The “lunch and learn”, *Spring Your Rear Into Gear*, was the culminating event of a 3 week long awareness campaign. We thank the team for its commitment to bringing tribal community members together to learn about CRC at their luncheons and talking circles.

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TEXAS GULF

The Texas Gulf team is ready to go with its new action plan. The team has come up with many ways to assess the current CRC screening climate in Houston and on the rural Alabama-Coushatta reservation. Examples of the type of data they are compiling include: where referrals are going, how individuals are screened, what resources are available, and baseline screening data. Further, in an effort to assess their communities’ level of readiness for CRC screening, the team members plan to interview 100 people (50 urban and 50 rural) over the age of 50 about their attitudes and knowledge about CRC. These interviews will take place at the Alabama-Coushatta clinic, pow wows, and the Alabama-Coushatta Health Fair.

Additionally, the team will host a cancer survivors’ luncheon this summer. Speakers at the luncheon will be cancer survivors who will attempt to raise awareness of CRC within the Native communities of Houston and the Alabama-Coushatta reservation. Much of the team is composed of members of the Native American Health Coalition, which has launched a new website (www.nativeamericanhealthcoalition.org) where information about the luncheon will be posted soon. We applaud the Texas Gulf Team for its’ efforts to understand the issue of CRC screening in two distinct urban and rural communities.

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URBAN INDIAN CARES

The Urban Indian Colon and Rectal Education and Screening (CARES) team has had much success in working toward the objectives they identified in Portland. Their major objective, to launch a health promotion campaign, is well underway. In order to inform the development of materials for the campaign, the team has held two focus groups. Additionally, the team surveyed approximately 600 people at clinics, health fairs, and pow wows and is currently analyzing data from the surveys and focus groups. They have developed a logo for their campaign, and have also drafted information for educational packets. In the coming months, the team will be collecting CRC stories, photos, videos and quotes.

In addition to making progress on its action plan, the Urban Indian CARES team has come up with a unique way to ensure that members are able to communicate effectively and share project materials—a Sharepoint website (<http://www.uihi.net/ColorectalCancer/default.aspx>). Thanks to the Urban Indian CARES team for the development of a much needed health promotion campaign, as well as for its innovative methods of maintaining communication among team members.

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