Session Thirteen

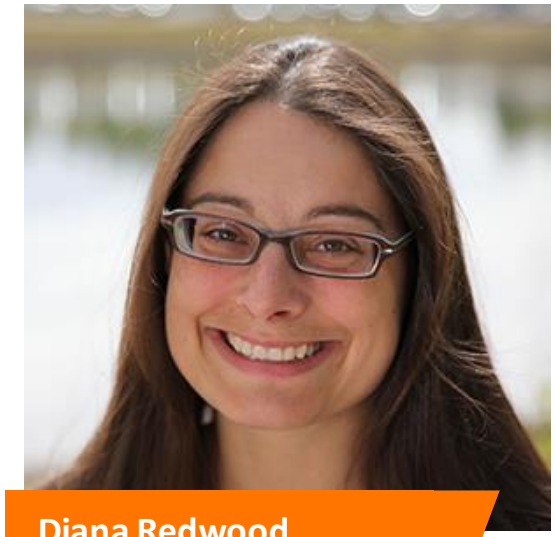
Armchair Conversation: Barriers and Solutions to Reaching American Indian and Alaska Native Communities for Colorectal Cancer Screening

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

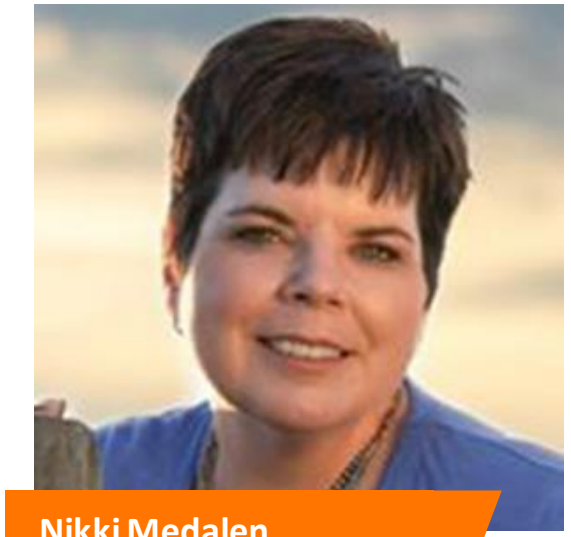
2:00 PM to 3:15 PM

Armchair Conversation: Barriers and Solutions to Reaching American Indian and Alaska Native Communities for Colorectal Cancer Screening

Moderator
Melissa Buffalo
MS (Meskwaki)



Diana Redwood
PhD



Nikki Medalen
MS, BSN, RN

Celena Donahue

SCREEND: CRC Screening Improvement in Tribal Communities

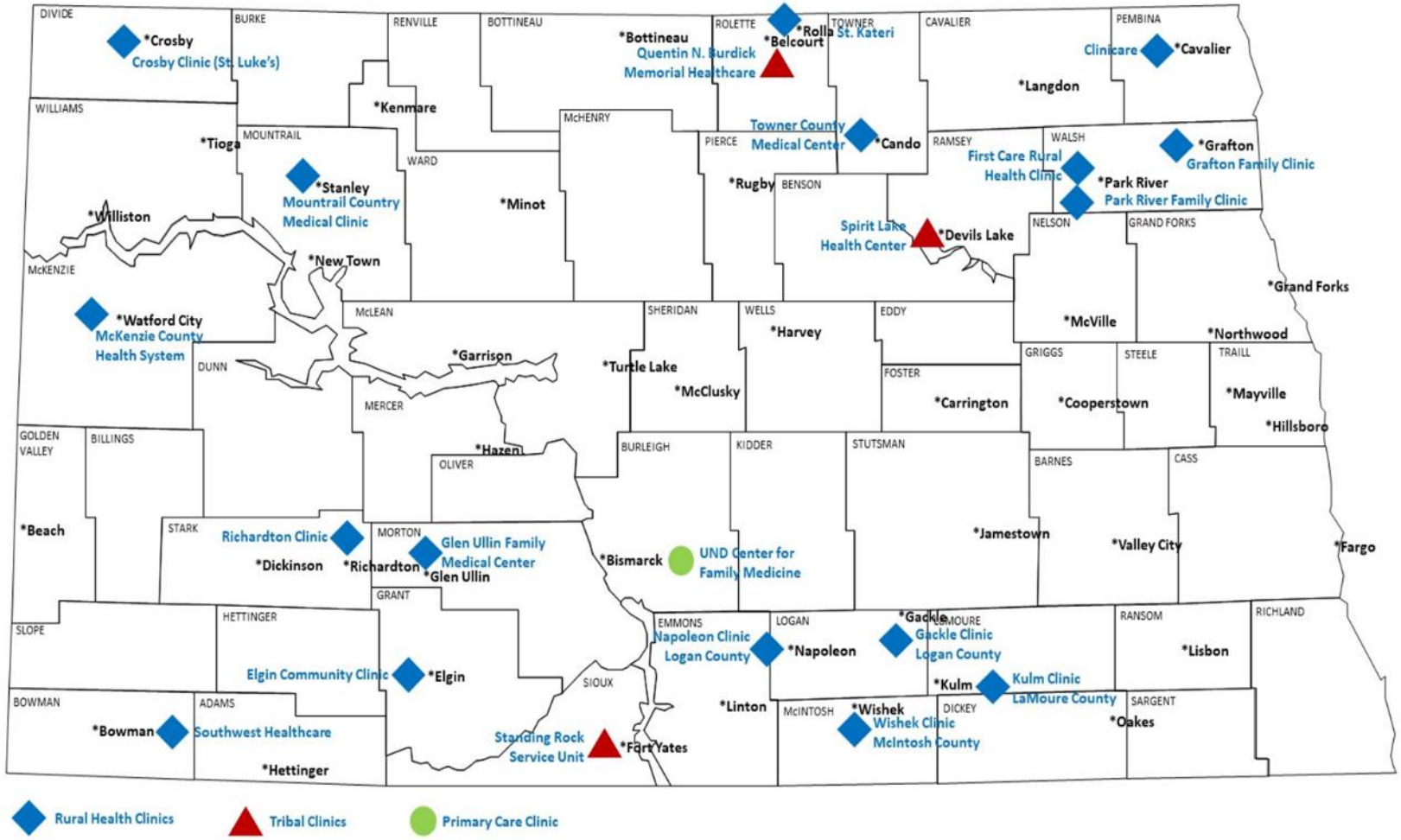
Nikki Medalen, MS, BSN, RN
Quality Improvement Specialist
Quality Health Associates of North Dakota

SCREEND

CRC Screening Improvement in Tribal Communities

Nikki Medalen, MS, BSN

Recruited Clinics



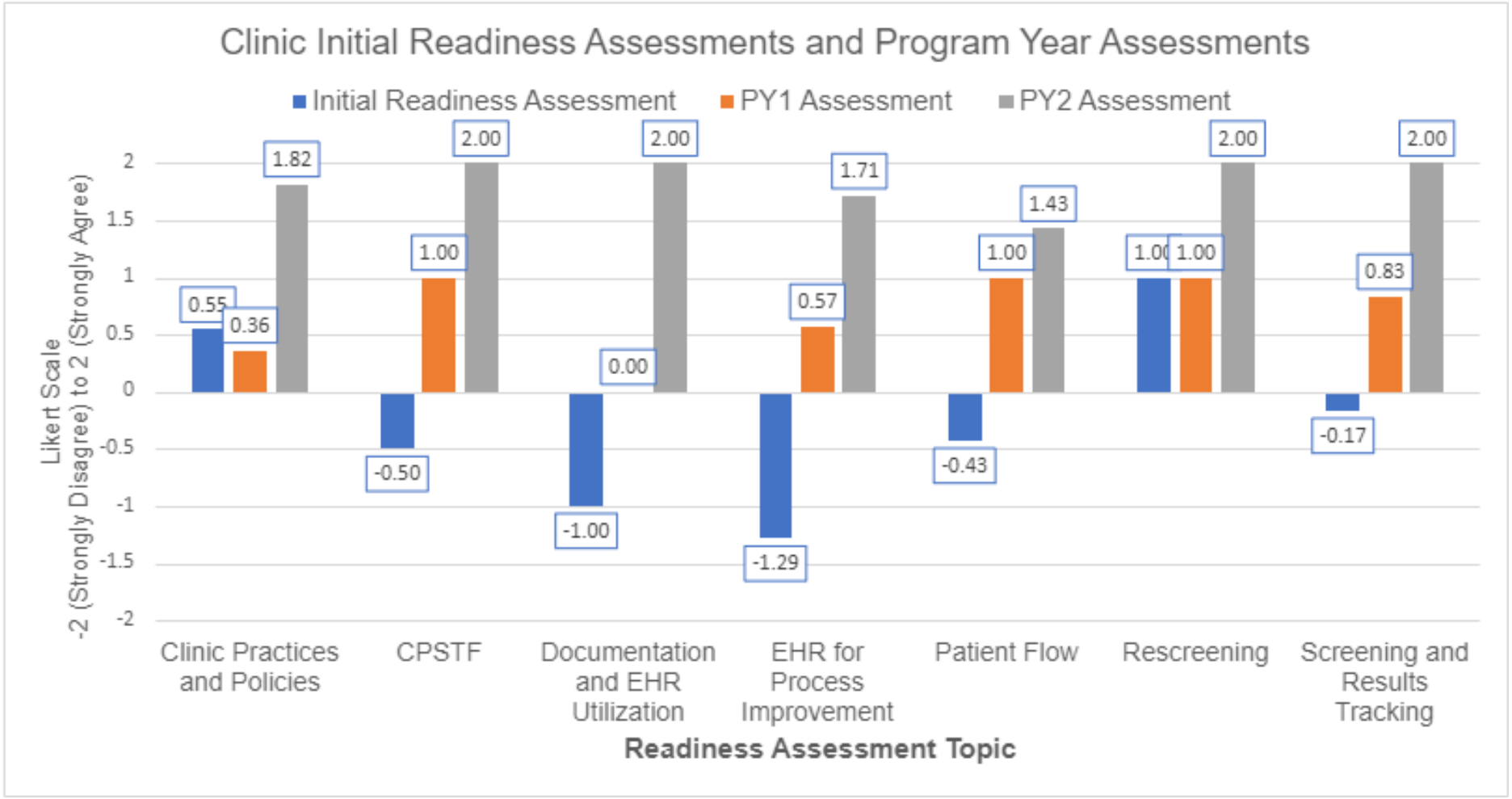
SCREEND
Improving Colorectal Cancer Screening Rates in North Dakota

ScreeND

EBIs

- Provider Reminders
- Patient Reminders
- Provider Assessment and Feedback
- Reducing Structural Barriers
- Patient Education/Small Media
- Patient Navigation
  - Tracking and Follow-up
- Policy Development
- Health Equity

EBI Improvement Example (Clinic 3)



Comparison of GPRA Data to Clinic-Level Data

GPRA

- **Denominator**: All living patients aged 45-75 with one or more visits to an IHS health facility within 3 years, excluding those with a documented history of CRC or total colectomy.
- **Numerator**: Patients who have had any screening (FIT/FOBT in the last year, Cologuard in 3 years, Colonoscopy in 10 years)

NQF

- **Denominator**: Number of patients 45-75 with a *clinic* visit during the measurement year, excluding those with a documented history of CRC or total colectomy.
- **Numerator**: Patients who have had any screening (FIT/FOBT in the last year, Cologuard in 3 years, Colonoscopy in 10 years)

GPRA Denominator - Spirit Lake Health Center

- Must reside in a community specified in the community taxonomy used for this report. Community Taxonomy Name: CHSDA
  - Crary, Devils Lake, Esmond, Ft. Totten, New Rockford, Hammer, Lakota, Leeds, Woodlake District, Tokio, Tolna, Maddock, Michigan, Minnewaukan, New Rockford, Oberon, Pekin, Sheyenne, St. Michael and Warwick
- Must be alive on the last day of the Report period
- Does not include patients who have had a Total Colectomy or Colorectal Cancer
- Indian/Alaska Natives Only
- Must have been seen at least once in the 3 years before the end of the Report period, <u>regardless of clinic type</u>

SCREEND Tribal Communities

Aggregate of 15 clinics (NQS)	3 Month Relative Improvement	12 Month Relative Improvement
	248.61%	210.93%
Tribal Community (GPRA)		
1	-16.91%	-19.38%
2	4.29%	5.74%
3	18.04%	18.63%

What you need to know:

- Non-tribal Clinics use NQF measure
- Tribal Clinics use GPRA
- Non-tribal clinic baseline was 50-75 yo – and still collecting 50-75 yo
- Tribal clinic baseline was 50-75 yo, monthly data switched to 45-75 yo in June of 2021
- Tribal communities have higher turnover rates/staff shortages
  - Clinic #2 has a 40% of positions open
- Much more difficult to access historical data
- Clinic 1 could not enter results of tests into EHR for 6 months
- Tribal Clinics – Denominator updates daily, and definition changes without warning

Provider Assessment and Feedback

Clinic #1:
February 2023, Patients 45-75 years of age

Provider	Total Screened	Total Patients	% Screened
001	7	221	3.2%
002	21	185	11.4%
003	2	18	11.1%
004	1	1	100%
005	13	325	4%
006	3	54	5.6%
007	12	297	4%
No PCP	0	37	0%
Total	59	1138	5.2%

Clinic #1:
August 2023, Patients 45-75 years of age

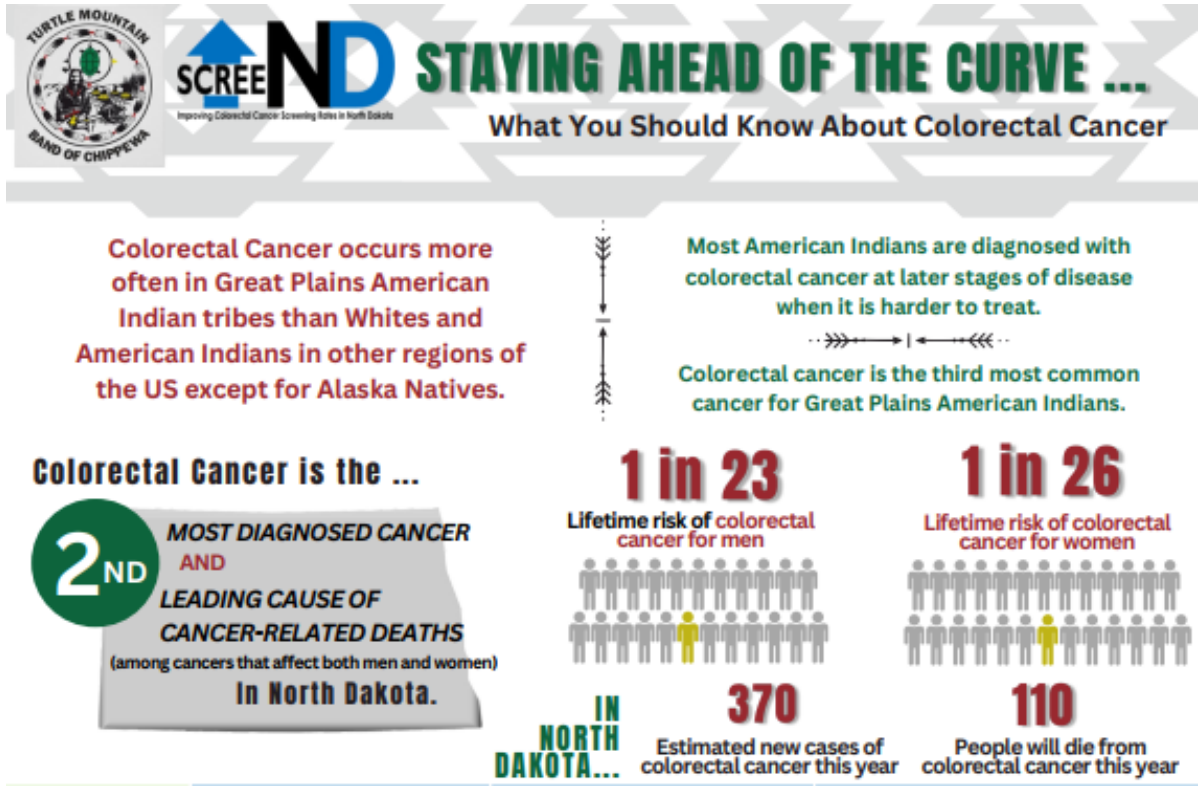
Provider	Total Screened	Total Patients	% Screened
001	28	76	37%
003	17	34	50%
005	33	71	46%
006	28	53	51%
007	47	81	58%
008	0	2	0%
No PCP	190	398	48%

GPRA February: 27.26%
GPRA August: 26.77%
6-month Relative Improvement: 823.07%

SCREEND
Improving Colorectal Cancer Screening Rates in North Dakota

Tribal Clinic Successes

- Provider Education – Screening Options
- Policy Development/Standing Orders
- Partnership with Public Health and Tribal Health
  - Extension of Standing Order for Average Risk Patients
  - Delivery/Pick-up of stool tests
  - Utilize Community Health Workers to assist with transportation to colonoscopy
- Customized Patient Education and Decision Tools
- Addition of the use of Cologuard as a screening option
- Peer-to-peer education
- Improved use of RPMS and i-Care tools
- Tracking and Follow-up Tools
- Gas cards for travel to colonoscopy
- Waiting room and community educational displays



Maada’oonidiwag
Ojibwe, “we share (something) among each other”

Toksa Ake
Lakota Sioux, “we will see each other again”

Koda’
Dakota Sioux, “friend”

SCREEND
Improving Colorectal Cancer Screening Rates in North Dakota

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

nccrt.org @NCCRTnews #80inEveryCommunity

Barriers and Solutions to Reaching American Indian/Alaska Native Communities for Colorectal Cancer Screening

Celena Donahue
Cancer & Health Disparities Eliminator, Public Health Advocate, Talking Circle Facilitator
CD Consulting

Celena Donahue

Public Health, Health Equity Advocate, Facilitator, Cancer Prevention Specialist

Barriers and Solutions to Reaching American Indian/Alaska Natives Communities for Colorectal Cancer Screening

National Colorectal Cancer Roundtable-NCCRT

November 15-17th, 2023

Houston, TX

Honoring Original Indigenous Land

We gratefully acknowledge the Native Peoples on whose ancestral homelands we gather, as well as the diverse and vibrant Native communities who make their home here today.

-NMAI Land Acknowledgement

Land Acknowledgement

Whose Land are you on?

Historical Trauma, Truth, & Healing

Historical trauma is entirely different than consciously holding onto the past when it resides in your ancestral memory and DNA. It results in numerous defense mechanisms, developmental malfunctions, and behavioral issues. This is scientific and is supported in studies.

-*Tony Ten Fingers/Wanbli Nata'u, Oglala Lakota*

Culture is Prevention

Successful prevention efforts need to be able to hold complex truths in Native communities →

The realities of historical trauma and structural violence and the profound resiliency that has allowed Native communities to survive-and thrive- within these harsh contexts….concepts such as cultural connectedness, narrative resilience, honoring treaties, conflict resolution, [truth and] reconciliation, community empowerment, family cohesion, and cultural affinity [as concepts].

Indigenous Knowledge

Tribal Communities have the wisdom to find a solution. Our knowledge, education, and way of learning, has been through gathering, storytelling, and songs, that are passed down through generations.

Barriers Working within Tribal Communities

People Avoid Screening for Several Reason:

- Living far away from clinics—like many people on tribal lands—can make it harder to get screened on time
- If someone lives close to a clinic, taking time off from work or find someone to watch children and older adults in the house

Barriers for engagement with CRC prevention and screening:

1. What is the reason for getting CRC screened
2. What is the role of Culture
3. Are we in the Community

There is need for more community-rooted, strengths-based approaches to colorectal cancer prevention activities

Colorectal Cancer Screening: What Works

1. Reasons for getting colorectal cancer screening:

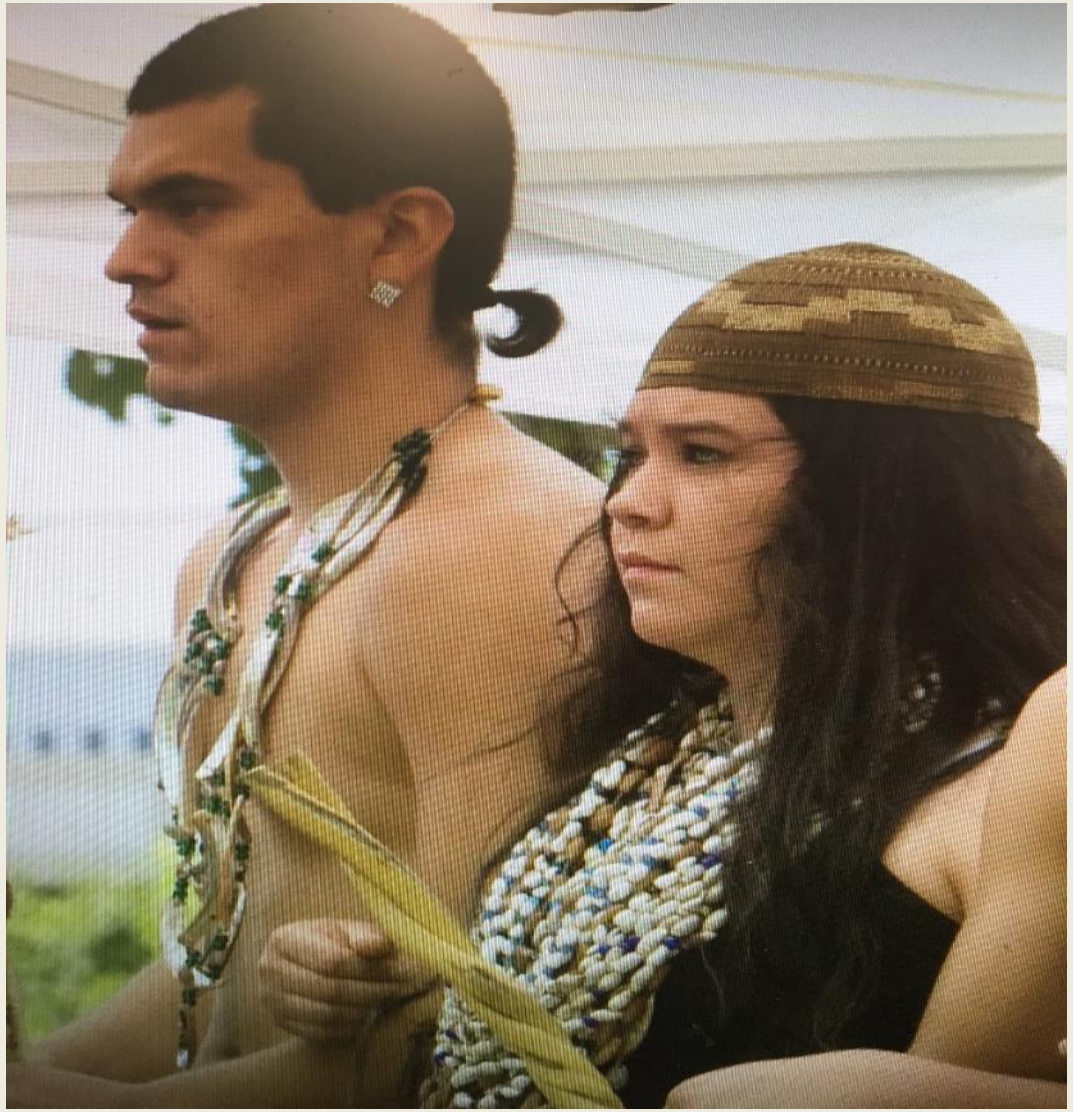
- *Having a role model or community spokesperson*
- *Importance of family or health provider pressure*
- *Worsening of symptoms*

2. Role of culture:

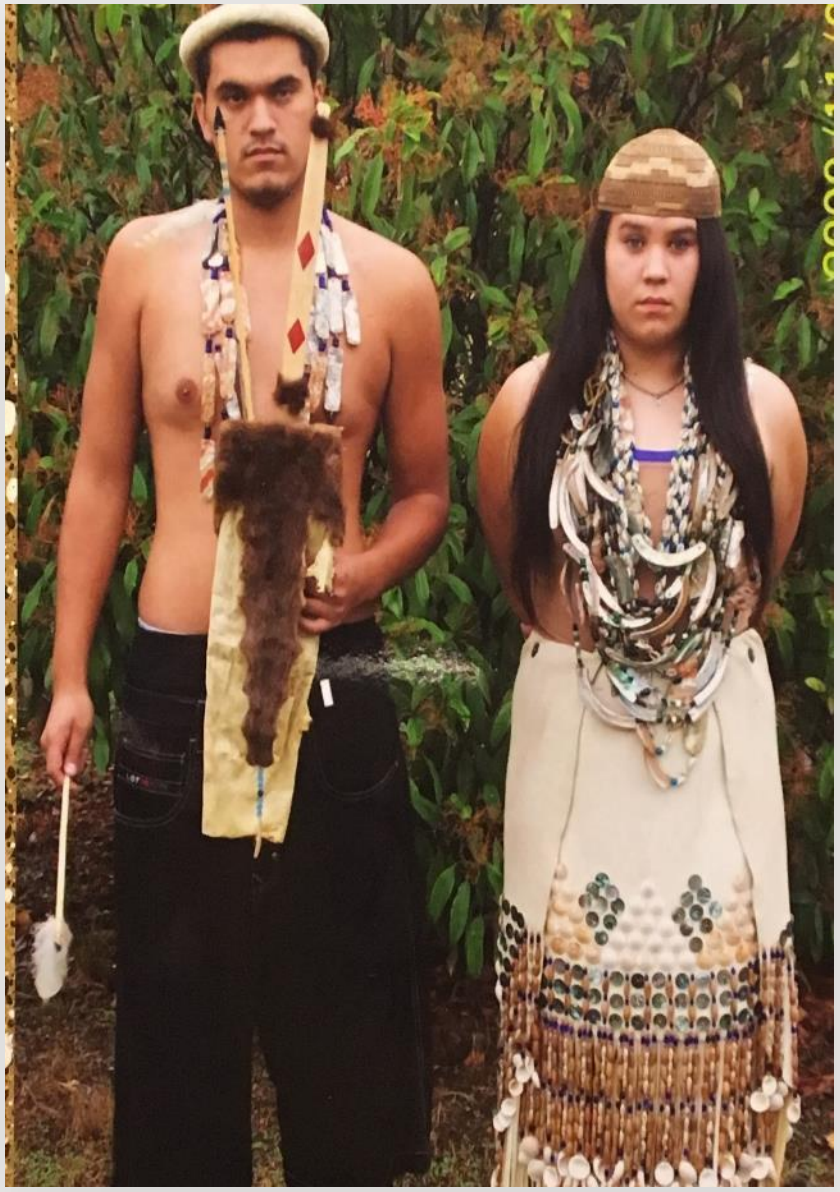
- *1. Use of storytelling*
- *2. Use of traditional knowledge, ceremony, and prayer*

3. Getting out into the community:

- *1. Community programming and events*
- *2. Importance of visual education materials*



Reducing Structural Barriers: *Talking Circle*



Storytelling has been our way of teaching and learning for centuries...

As Americans Indians/Alaska Natives, we are story tellers. That is how we gather and pass down knowledge and information. From the beginning of time; our way has been through story telling and gathering. Talking Circles has been used as a culturally appropriate way to address barriers at a patient, community, and staff level.

MOVE UPRIVER: Supporting Tribal Clinics in their Colorectal Cancer Screening Work?

To "Move ***"upriver"*** means we need to advance health equity by reducing structural and social drivers of health inequities ALL levels

#1
Improve INDIVIDUAL social needs and network

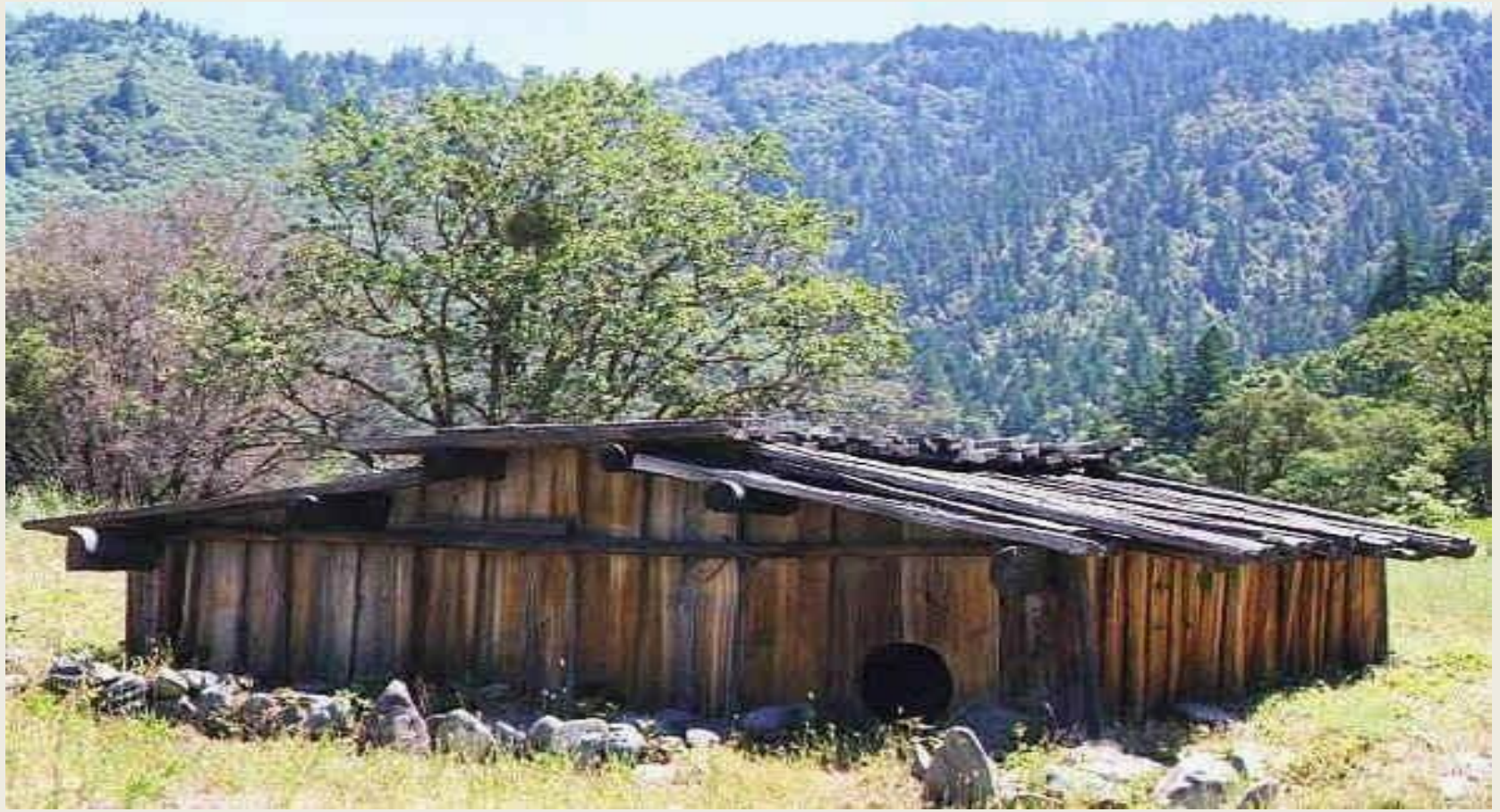
#2
Improve internal INSTITUTIONAL drives of health inequity

#3
Improve COMMUNITY level social determinants of health

Thank You!

Celena Donahue

Public Health, Health Equity Advocate, Facilitator, Cancer Prevention Specialist



American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

nccrt.org @NCCRTnews #80inEveryCommunity