

Public Awareness Strategies to Promote Colorectal Cancer Screening: Best Practices and Successes from Across the Country



Concurrent Session
November 21, 2024
3:45 PM – 5:00 PM



Speakers

Moderator: **Erin Peterson**, Colon Cancer Coalition,
@coloncancercoal

- **Mark W. Kennedy**, MBA, Boston Public Health Commission
- **Nathan A. Merriman**, MD, MSCE, Intermountain Health
- **David Russo**, Cheeky Charity
- **LaToya Brave Heart**, MPH, Great Plains Tribal Leader's Health Board

Learn more about our 2024 ACS NCCRT Annual Meeting **speakers** by reading their **bios**.



Colorectal Cancer Screening Communication Campaign

Boston Public Health Commission Colon Cancer Coalition

2024 ACS National Colorectal Cancer Roundtable Annual Meeting

Mark W. Kennedy, MBA

Senior Program Manager

Chronic Disease Prevention and Control Division

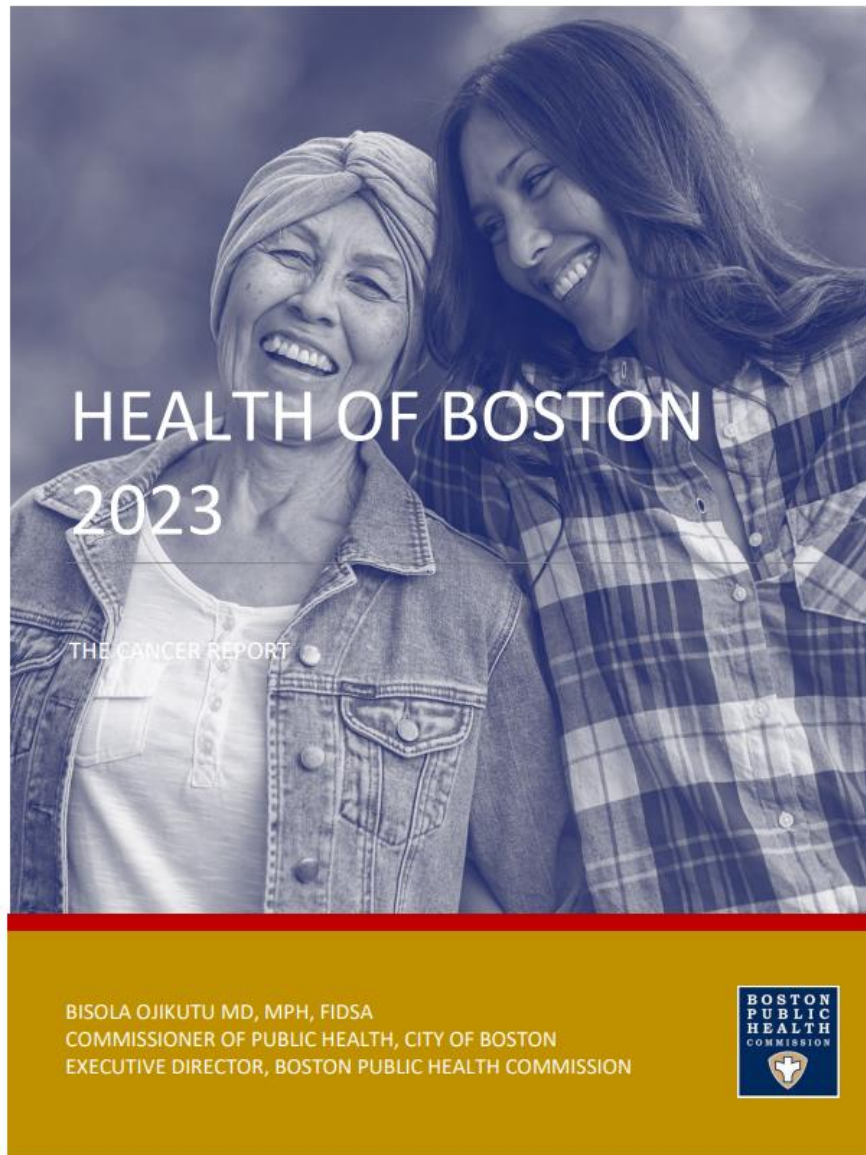
Boston Public Health Commission



Boston Public Health Commission (BPHC)

- The BPHC is the nation's first health department
- **Mission:** To work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.
- **The Chronic Disease Prevention and Control Division:**
 - Focus is achieving health equity through primary and secondary prevention and management of obesity, diabetes, hypertension, heart disease, and cancer through programming and policies that increase residents' access to healthy eating and physical activity, as well as chronic disease and cancer screenings for early detection and disease management

Health of Boston 2023: The Cancer Report



- **Colorectal cancer was the 4th leading cause of cancer mortality in Boston in 2021:**
 - Black males and females had the highest rates of mortality from colorectal cancer in Boston from 2019 to 2021
 - Colorectal cancer is among the top causes of cancer mortality from screenable cancers for Latino males and females in Boston

Colon Cancer Screening Campaign Priority Neighborhoods in Boston

- 1) Dorchester
- 2) East Boston (**Spanish-speaking**)
- 3) Hyde Park (**Haitian-Creole speaking**)
- 4) Jamaica Plain (**Spanish-speaking**)
- 5) Mattapan (**Haitian-Creole speaking**)
- 6) Roxbury

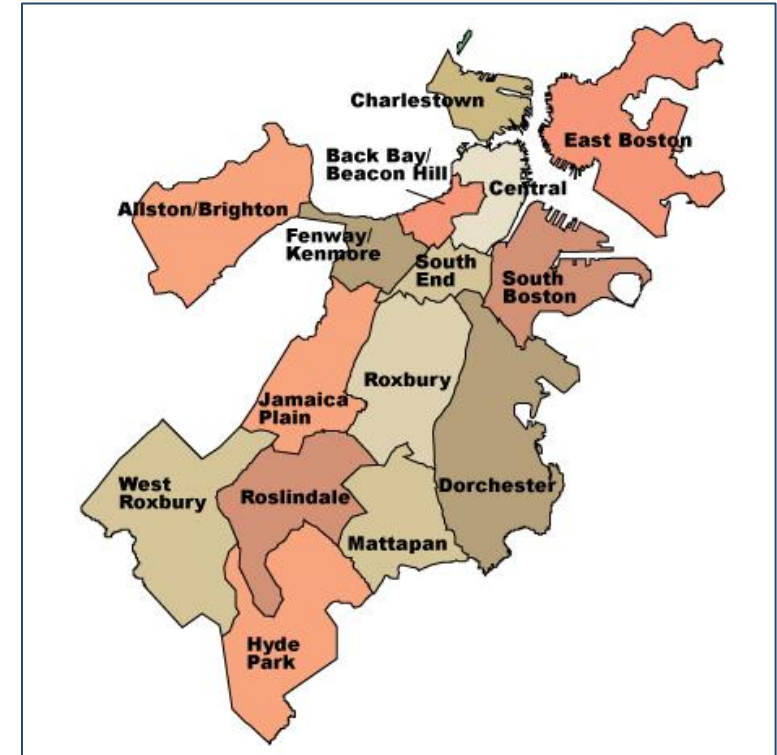


Image Source: City of Boston. *Boston Neighborhoods Map*. Boston.gov, www.cityofboston.gov/dnd/bhc/images/Boston_Neighborhoods_map.jpg.

Colon Cancer Screening Campaign Design: 'Co-Creation' Boston Qualitative Research

- Data Sources:
 - Union Capital Boston 'Network Night': 150 attendees in 4 concurrent focus groups
 - The BPHC Racial and Health Equity Advisory Committee (RHEAC): 14-member cohort in successive iterative sessions over a full year

Boston Qualitative Research: Key Takeaways

- Focus on residents not already in the healthcare system and with the biggest outcomes disparities
- Preventive care may be a new concept
- ‘Collectivist’ Mindset
- Social Cognitive Theory
- Trust: People and Place
- Empowerment: Education, resources and support

No Harm – No Blame

Champions

- **English-speaking BIPOC communities:**

- Ibram X. Kendi, PhD, Director, Center for Antiracist Research, Boston University, CRC Survivor
- Jo-Ann Winbush, Nurse, Codman Sq Health Center, 31 years

- **Spanish-speaking communities:**

- Marta Rivera, Commissioner, Boston Centers for Youth and Families, City of Boston
- Alberto Vasallo III, President and CEO, El Mundo Boston

- **Haitian-Creole-speaking communities:**

- Brenda Lormil, MSN, RN, FNP-C, Equity Nurse Practitioner, Mass General Hospital Founder and Executive Director, Haitian American Medical Association
- Dieufort J. Fleurissant, Pastor, Voice of the Tabernacle Church, Mattapan, Chairman, Haitian Americans United

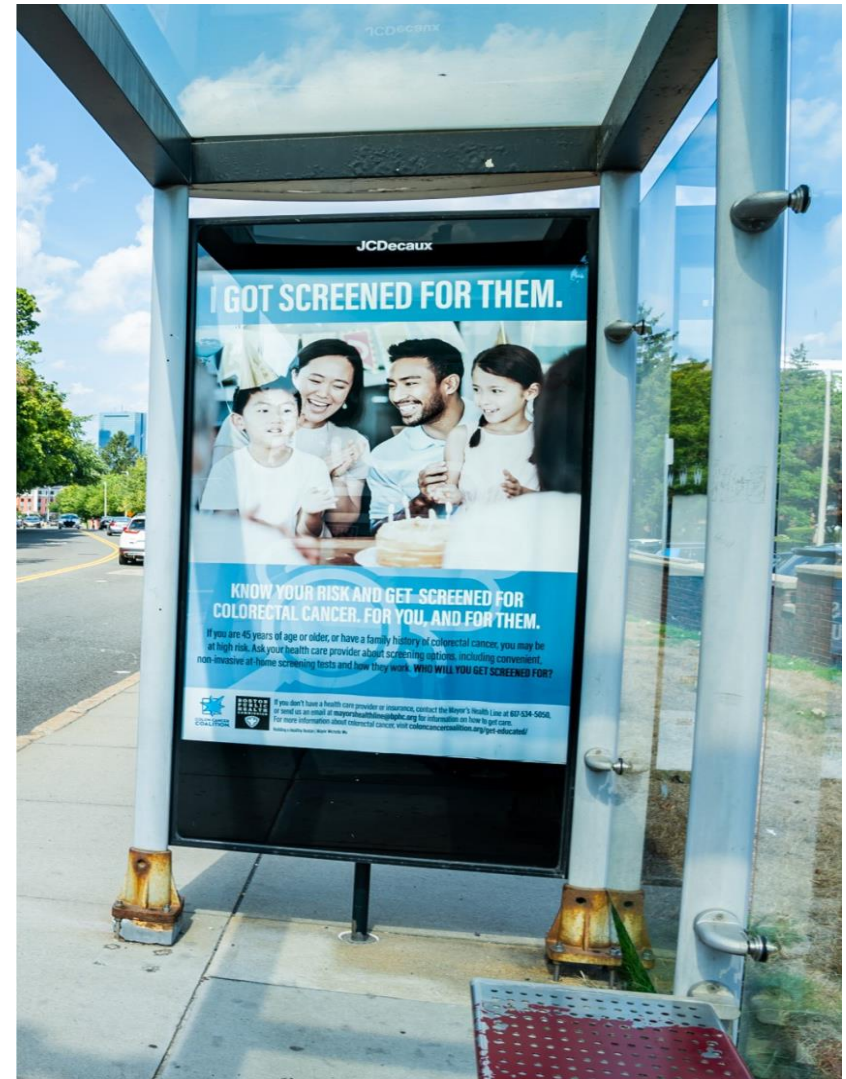
- **Medical Advisor:**

- Adjoa Anyane-Yeboah, MD MPH, Division of Gastroenterology Department of Medicine, Mass General Hospital

Phase 1

- Implemented September 2022
- MBTA Orange Line T Stations
- 30 MBTA Bus Shelters
 - Dorchester
 - East Boston
 - Hyde Park
 - Jamaica Plain
 - Mattapan
 - Roxbury







Think about the loved ones around you, and about the ones that love seeing you come through that door. Take the step and get tested for colon cancer. That's it.

-JoAnn Wright
Patient Experience Manager
Cookson Square Health Center



Don't Wait Until It's Too Late. Get your screening today.



For more information on screening, visit: boston.gov/cancer



It's our human right to access healthcare that's impactful to us. Screen for colon cancer early on, so you have the best pathway available for a healthy life.

-Brenda Lamé-Raymond
Nurse Practitioner



Don't Wait Until It's Too Late. Get your screening today.



For more information on screening, visit: boston.gov/cancer



We can alleviate the burden by getting screened for colon cancer early on, so you can have the best pathway available for a healthy life. Keep the belief, keep the faith.

-Devon J. Reuttschill
Pastor, Total Health Christian Ministries



Don't Wait Until It's Too Late. Get your screening today.



For more information on screening, visit: boston.gov/cancer



Dismissing my symptoms nearly took my life. Getting screened for colon cancer helped to save it.

-Dr. Ibrahim K. Elmi
Scholar, Colon Cancer Survivor



Don't Wait Until It's Too Late. Get your screening today.



For more information on screening, visit: boston.gov/cancer



Without your health, it's impossible to provide a better life for your family. Know where you stand with your body and get tested for colon cancer.

-Alberto Vasallo III
President and CEO, El Mundo Boston



Don't Wait Until It's Too Late. Get your screening today.



For more information on screening, visit: boston.gov/cancer



Think about how important screening is to make sure you're there for the people who need you. Know where you stand with your body, get tested for colon cancer.

-María Rivera
Commissioner, Boston
Centers for Youth & Families



Don't Wait Until It's Too Late. Get your screening today.



For more information on screening, visit: boston.gov/cancer



Phase 2

- Launched March 1st
- Full rollout beginning March 4th
- 40 MBTA Bus Shelters
 - Dorchester
 - East Boston
 - Hyde Park
 - Jamaica Plain
 - Mattapan
 - Roxbury





As a community, we tend to push our personal health aside,

Dissemination Multi-Channel Strategy (1)



- **Video**

- CHC and hospital waiting rooms
- Online: YouTube, websites
- Community presentations
- Media kits

- **Photos**

- Print materials
- Images for social media, MBTA

- **Print**

- Community newspapers
- Posters and postcards for community businesses and distribution by CBO partners
- Co-distribution at CBO partner community events

Dissemination Multi-Channel Strategy (2)

- **Social media**
 - Facebook, WhatsApp, and Instagram
- **PSAs**
 - Local radio for Spanish-speaking and Haitian-Creole-speaking communities
- **Languages**
 - English, Spanish and Haitian-Creole



National use by the funder - Multi-year project

Dissemination Partners

- **Co-Implementation Model**

- Union Capital Boston
- Young Onset Colorectal Cancer Center, Dana-Farber Cancer Institute
- Dana-Farber/Harvard Cancer Center
- Vital CxNs
- Champion-affiliated organizations
- Boston CBOs



Phase 2



Future Plans

- **Longitudinal Strategy: Awareness to Implementation**
 - Convert non-screeners to screeners
 - Amplify social media outreach
 - Community Health Center/Community-Based Organization Model
 - Sustainable Patient Navigation
 - Metrics and evaluation



Rethinking Community Outreach in Colorectal Cancer Awareness: *The Intermountain Health Inflatable Colon Story*

*Nathan A. Merriman, MD, MSCE
Medical Director of GI and Digestive Health*

November 21, 2024

➤ *Driving question:*

In our very competitive attention economy, how are we marketing, communicating, and connecting with our patients, care teams, and communities about health, care, and cancer screening?

Let's try something new to bring attention to colon cancer screening and prevention.

Trying something new

The Inflatable Colon Tour Origin Story: One site in Delaware (2019)

- The inflatable colon is engaging and interactive for ALL
- Colon cancer screening matters to patients AND families
- Brought the idea to Intermountain Health in 2022
- **Start-up plan:** start small, learn fast, iterate, then discuss, analyze, and decide to stop or scale



Simplify and Standardize Content to Share at Each Site

COLORECTAL
CANCER
SCREENING **ASGE**
The Right Test for Your Risk

WHAT RISK GROUP ARE YOU?

1 ARE YOU AT AVERAGE-RISK?

People 45 or older:

- ▶ Without prior colorectal cancer or polyps
- ▶ Without any of the factors that define high-risk screening

TEST:
Colonoscopy

EVERY
10 YRS

TEST:
Fecal Immunohistochemistry
(Stool FIT)

EVERY
YEAR

TEST:
Multi-Target Stool DNA
(mt-sDNA)

EVERY
3 YRS

Colonoscopy negative result:
The test only needs to be repeated every 10 years.

FIT or mt-sDNA screening positive result:
A colonoscopy to find the suspected cancer and locate and remove cancerous polyps will be required.

2 DO YOU HAVE SYMPTOMS?

- Rectal bleeding
- Anemia
- Change in bowel habits
- Persistent abdominal pain
- Unintentional weight loss

TEST:
Colonoscopy

3 DO YOU HAVE A PERSONAL HISTORY?

- Previously removed pre-cancerous colorectal polyps
- Previously had colorectal cancer

TEST:
Colonoscopy

4 ARE YOU AT HIGH-RISK?

- Family history of colorectal cancer or precancerous polyps in a first degree relative diagnosed before age 60
- Multiple first-degree relatives with colorectal cancer or precancerous polyps
- Family history of inherited colorectal cancer syndrome
- Previous diagnosis of ulcerative colitis or Crohn's disease

TEST:
Colonoscopy

Colon Cancer has a
90%
SURVIVAL RATE
when detected early.¹

Nearly
1 in 3
U.S. ADULTS
are not getting screened for
colon cancer as recommended.²

Screening recommended
BEFORE 45 YEARS
if you have symptoms, personal
history or are at high risk.

Learn more at ASGE.org/Screening

1. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075255/>

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Share Human Stories AND Data

Local AND National



FIGURE 1. Early-Onset Colorectal Cancer Hotspots for Incidence, Mortality, or Both: Incidence and Mortality Determined Using Spatial Empirical Bayes Smoothed Rates Quartiles for Utah Residents (Male and Female Age 18 to 49)

Colorectal cancer

Malignant (cancerous) growth in the lining of the colon. The key to early detection is regular colon screenings. Most patients survive colorectal cancer if it is found early and removed.



Polyp

A fleshy growth in the lining of the colon. Polyps are discovered through colonoscopies and are commonly benign (non-cancerous). However, if untreated, some polyps can develop into colorectal cancer.

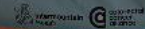


Crohn's

Crohn's disease is an inflammatory bowel disease (IBD). It causes inflammation of the lining of your digestive tract and increases your risk of colorectal cancer.



Advanced colorectal cancer



Polyp

A fleshy growth in the lining of the colon. Polyps are discovered through colonoscopies and are commonly benign (non-cancerous). However, if untreated, some polyps can develop into colorectal cancer.



Intermountain Health Colon Cancer Awareness Tour Across Utah and Idaho

Inflatable Colon Tour 1.0: March 2023

- Patient-Centered Shared Purpose
- 23 sites in 31 days: Hospital sites to start
- **Every site = learning and improvement**
- *Site and System teamwork:* Service Line, Hospitals, Clinical Program, Surgery and Endoscopy Operations, MarCom, and Media

Inflatable Colon Tour 2.0: March 2024

- 26 sites in 31 days
- Hospital sites AND Five Community Events
- Colon Tour Media Blitz to Spread Awareness
- Centralized Scheduling Colon Cancer Screening program online access campaign

Inflatable Colon Tour 3.0: April 2024 – March 2025



Let's get to
the bottom of
colon cancer.

Get screened
for colon cancer.
Preventable.
Treatable.
Beatable.

 Intermountain
Health

Colon Cancer Awareness Month | March 2024

Pictures of Colon Tour 2024: Hospital and Community Events



Our physician and APP team members on a morning show event at Alta View Hospital



The Inflatable Colon at the Utah Tech baseball game in St. George where a patient survivor threw out the first pitch



Five Colon Tour Takeaways

- Share the Why: Patient-Centered Shared Purpose
- One site at a time: Support and empower each local team
- Connect the sites: Share ideas and best practices across sites and system (Team of Teams)
- Simplify and standardize content to share
- Measure Impact
 - **2023:** Generated 574 media stories on the Colon Tour in local, regional, and national media
 - **2023-2024:** Increased CRC Screening with colonoscopy 17% in Year 1 of the Tour at Intermountain sites in Utah
 - **2024:** 10,000+ attendees at 26 Colon Tour Events in March 2024



What's next?

Experimenting with the inflatable colon:
*14 community and employer site events
spread over 8 months (2024)*

*Thank you for working together
to improve colorectal cancer
screening and prevention!*





'Cheeky' Outreach Efforts to LGBTQI+ Populations

David Russo

Executive Director,
Cheeky Charity

NCCRT Annual Meeting
November 21, 2024

Our work is partially supported with funds from Health Research, Inc., New York State,
the American Cancer Society, and the California Colorectal Cancer Coalition (C4)

The content of this presentation is solely the responsibility of the author and does not necessarily represent the official view of our funders.

Cheeky Charity

- Our mission is to provide colorectal & anal cancer advocacy in the LGBTQ+ community (prevention, early detection & support for patients / survivors)
- Be part of the community
- Meet people where they're at...
 - Leveraging existing networks, groups and social gathering places

Why?

(Why outreach to the
LGBTQI+ Community)

- Screening rates are too low (for everyone!)
- A large, increasingly more visible community
 - 7% of U.S. adults identify as LGBTQI+ (**1.7 million in CA**)
 - **21% of Gen Z identify as LGBTQI+**
- Unique Struggles in Healthcare
 - ~1-in-6 LGBTQI+ adults avoid healthcare due to fear of discrimination (1-in-5 trans)
 - Minority stress (compounded in already marginalized groups)
- We're Passionate, Loud, and Interconnected
- Because I care about my community

Disclaimer:

Yes, we're using humor to talk about colorectal cancer.

And yes, we understand that cancer is no joke.

But that's exactly why we need to facilitate these conversations.

By making the uncomfortable approachable, we create space for effective awareness and action.

At Cheeky Charity, we don't take the seriousness of colorectal cancer lightly, but we believe that engaging people with a little cheekiness makes it easier to have those important, and sometimes awkward, conversations that can save lives.

'Cheeky' content isn't the difficult part...

01

'Cheeky Content'

Humor, playful puns, 'butt pics'

02

Instill curiosity to learn more

03

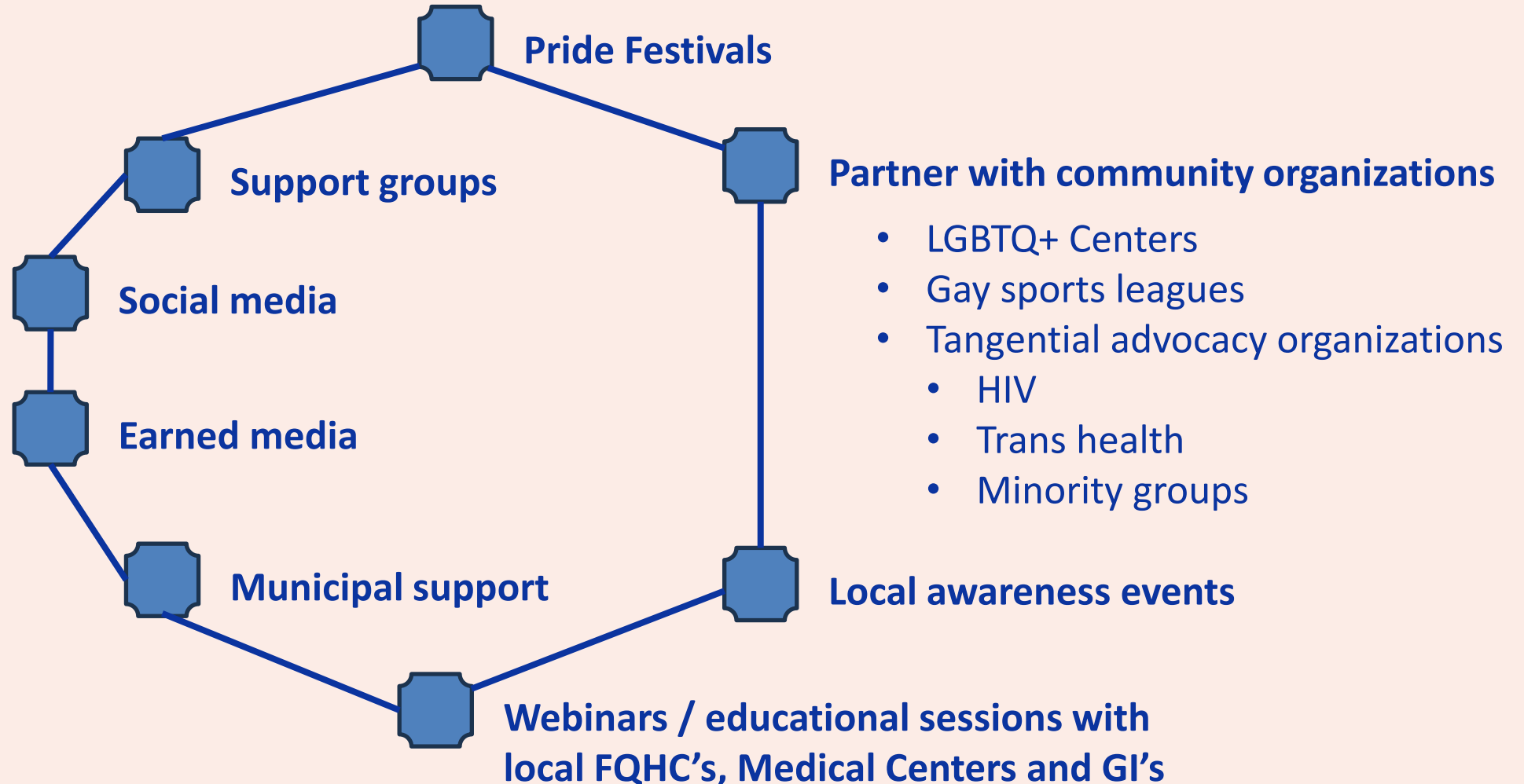
Start a dialogue

04

Inspire action

- Knowledge
- Stories
- Pledge

Multi-pronged Approach to LGBTQI+ Advocacy



Support from the Colorectal Cancer community!

- C4 (grant recipient)
- FightCRC
- Colon Cancer Coalition
- CCA
- Colon Cancer Stars
- Man Up to Cancer
- Blue Hat Foundation
- Butt Check



CRC with Pride Initiative

Facilitating colorectal cancer awareness at Pride events nationwide



17 Pride Events in 2024

California

- San Francisco
- Davis
- Oceanside
- Cathedral City
- Palm Springs
- Idyllwild
- Coachella

• **Washington** (Seattle)

• **Arizona** (Tucson)

New York

- New York City
- Harlem
- Brooklyn

Texas

- Houston (New Faces)
- Houston (Pride 365)

North Carolina (Raleigh)

Pennsylvania (Allentown)

Davis, California



Oceanside, California



Brooklyn, New York



Houston, Texas



San Francisco, California



Harlem, New York



NYC PrideFest



NYC PrideFest



NYC PrideFest



NYC PrideFest



Palm Springs Pride



Palm Springs Pride



Palm Springs Pride



Palm Springs Pride



Palm Springs Pride



TAKE CARE OF YOUR BUTT WIN A BIDET TODAY

**'COMMIT TO YOUR COLON'
PLEDGE TO ENTER**



TUSHY

cheekycharity.org/commit

Commit to Your Colon Pledge

Taking care of your bum should be fun and fabulous.

Commit to your colon & get a cheeky reminder when it's time for your screening.

Plus, you'll be entered into our raffle to win a Hello Tushy bidet!

Ready to commit? Let's get cheeky!

Which Pride are you attending?

NYC Houston SF

First Name (required)

Last Name

Email (required)

If you HAVE had a colorectal screening before, what year are you due for your next screening?

If you have NOT had a colorectal screening before, what year were you born?

Any family history of colorectal cancer, or concerning symptoms like changes in bowel habits, blood in stool, or abdominal pain?

Select an option



Take the pledge (required)

I commit to prioritizing my colorectal health by scheduling and attending regular screenings. I understand the importance of early detection and prevention. I also commit to receiving cheeky reminders from Cheeky Charity when it's time for my next screening. Additionally, I pledge to talk openly about colorectal health with my friends and family to help reduce the stigma and encourage others to take action. Let's keep our bums healthy and happy!

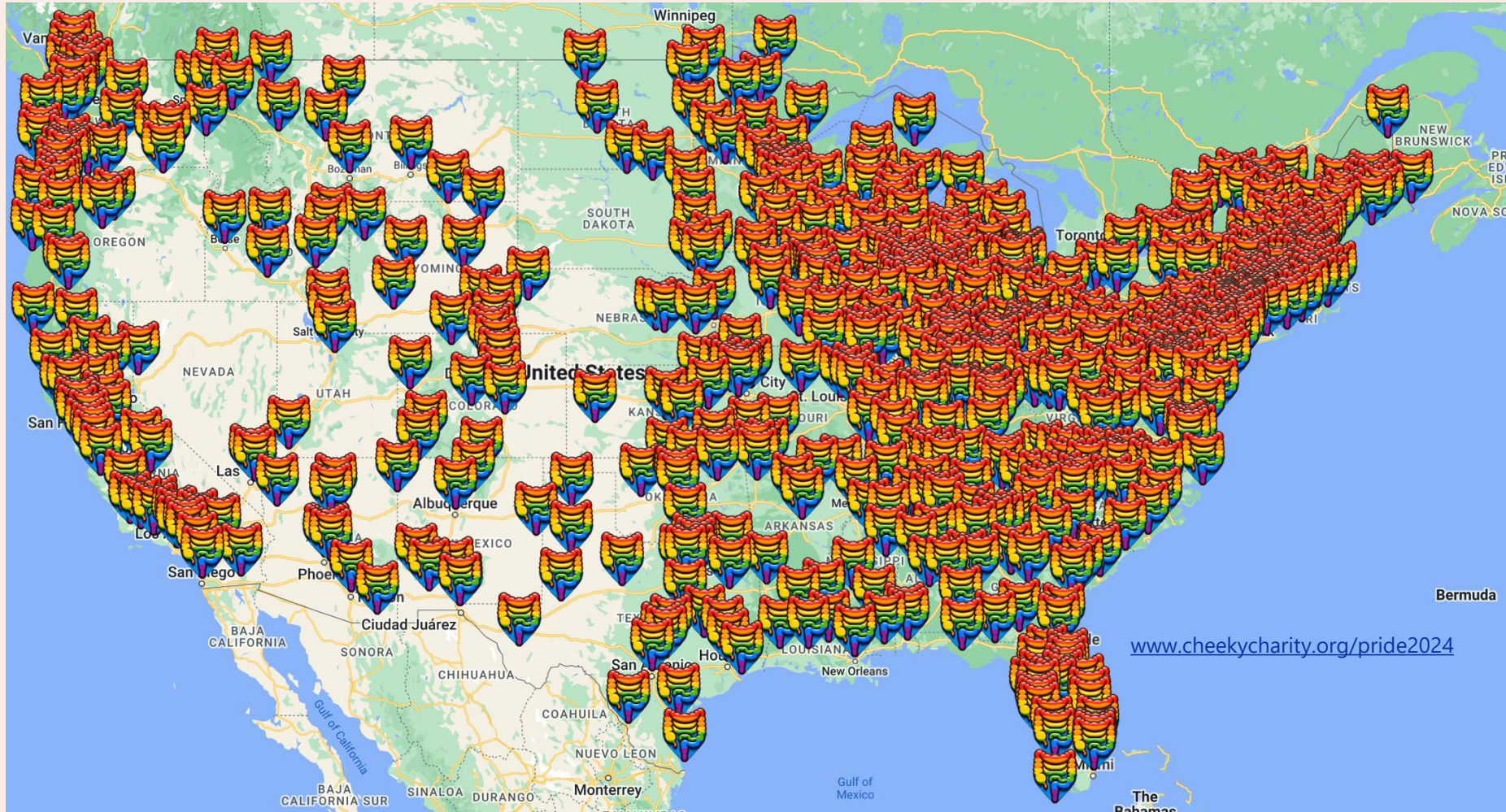
Anything you want us to know about you?

Palm Springs Pride Stats

- Estimated 20,000 views (5 – 7k in the colon)
- Handed out 2,000+ rack cards / pamphlets
- Dispersed 3,000+ CRC themed stickers
- 70+ participants in our 'Commit to Your Colon Pledge'
- "More engagement than the sum of every event that this colon has been to combined"
 - Stony, C4 (CA CRC Coalition)

CRC with Pride Initiative

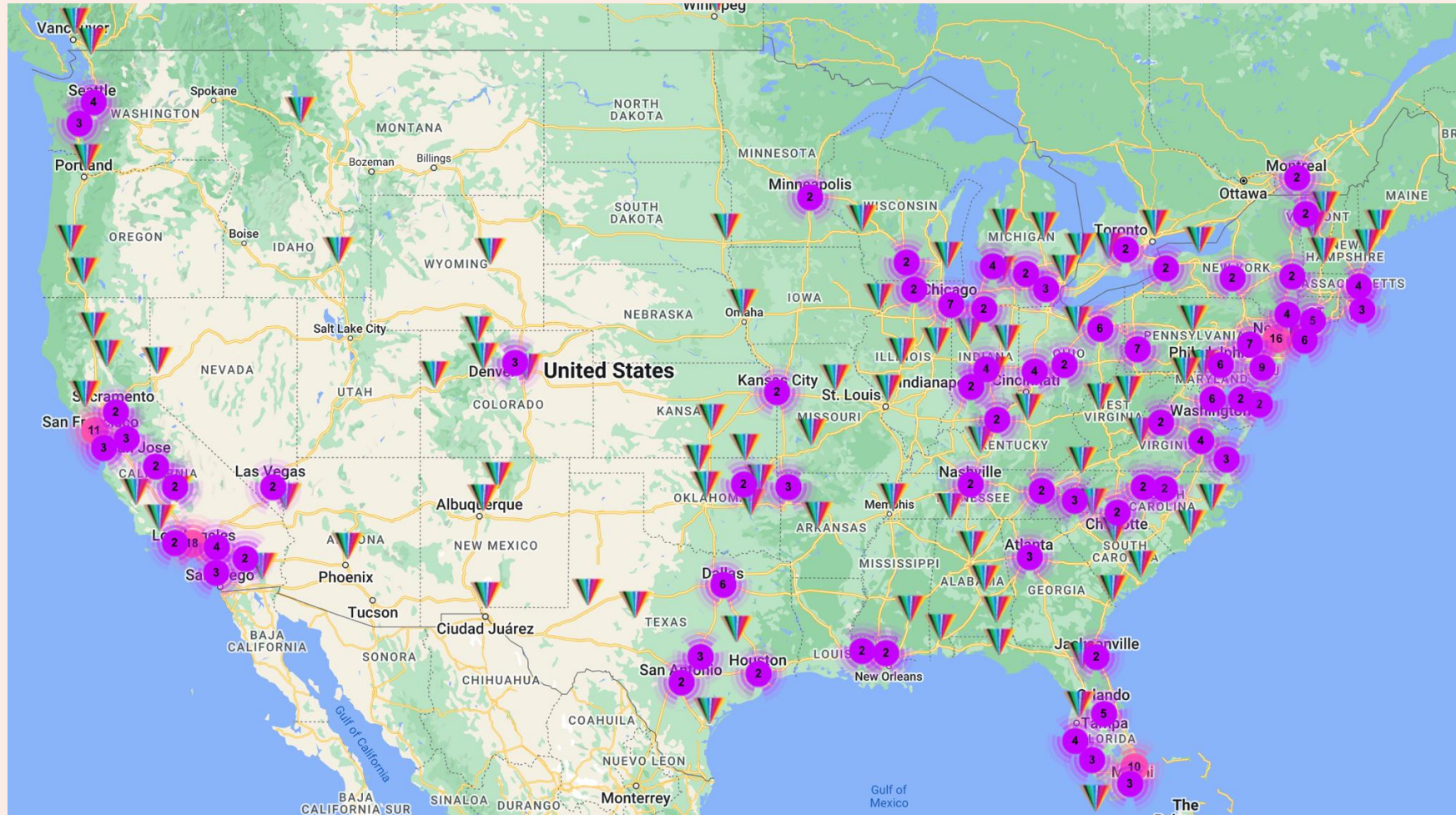
Over 1,000 Pride Festival Opportunities in 2025
(Not including LGBTQ+ Health & Wellness Fairs)





THE COMMUNITY OF LGBTQ CENTERS

350+ Member Organizations in the U.S.



LGBTQ+ Focused FQHC's

- Howard Brown Health (Chicago)
- Fenway Health (Boston)
- Callen Lorde (NYC)
- Equitas Health (Columbus)
- Whitman-Walker (D.C.)
- LGBT Life Center (Norfolk)
- San Francisco Community Health Center
- APLA (Los Angeles)
- Los Angeles LGBT Center
- DAP Health (Palm Springs)

March Your Butt Coachella Valley

A series of CRC awareness events throughout March in the desert of SoCal

- **Marketing Initiatives**

- City Proclamations of March being Colorectal Cancer Awareness Month
(Palm Springs, Indio, Palm Desert, La Quinta, Riverside, pending from DHS, Cathedral City, Coachella, Indian Wells, Rancho Mirage)
- Street banners for "CRC Awareness Month" in Palm Springs (in partnership with DAP Health)

- **Events**

- Mar. 5 & 19: LGBTQ+ colorectal cancer patient, survivor & caregiver support groups
- Mar. 10: Cathedral City Pride (CRC awareness booth)
- Mar. 14 & 28: VillageFest street fair (CRC awareness booth)
- Mar. 17: 'Up Your Alley' bowling in partnership with the Global CRC Association
- Mar. 21: Living Desert Zoo partner event - "Glow with Pride" – with KGAY Radio
(Proclamation from Mayor of Palm Desert, Karina Quintanilla)
- Mar. 23: REAF Fundraiser "Pink Saturday" (supporting us & The BENT Theater)
- Mar. 27: CRC Educational Panel in partnership with Eisenhower Health & The Center
- Mar. 29: Our Sassy Soiree - annual gala (March 29th)
- Apr. 13: 'Get Your Rear in Gear' 5k, Temecula alongside the Colon Cancer Coalition



Proclamation
City of Palm Springs
CALIFORNIA

WHEREAS, colorectal cancer is the second leading cause of cancer deaths in the United States among men and women combined; and,

WHEREAS, colorectal cancer is one of the few cancers that can be prevented with timely screening, but 1 in 3 eligible Americans are not up to date on screening; and,

WHEREAS, colorectal cancer is estimated to be the number one cancer killer for those age 20-49 by 2030; and,

WHEREAS, Black Americans are 20% more likely to be diagnosed with colorectal cancer and about 40% more likely to die from the disease than other groups; and,

WHEREAS, colorectal cancer is expected to account for 17% of cancer deaths among Hispanic men and 9% of cancer deaths for Hispanic women; and,

WHEREAS, in 2021 there were approximately 133,000 new cases and 12,200 deaths from colorectal cancer in the United States alone; and,

WHEREAS, the national goal established by the National Colorectal Cancer Research Institute to increase timely colorectal cancer screening rates to 80 percent in every community for all Americans eligible for screening; and,

WHEREAS, increased education and community support services such as those provided by Palm Springs based organizations like Cheeky Charity and others are needed to enable the population and early detection of colorectal cancer; and,

WHEREAS, observing Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to increase awareness and offer education on the importance of early detection and screening of colorectal cancer.

NOW, THEREFORE, We, the City Council of Palm Springs, California, by the power vested in us, do hereby proclaim the month of March 2024 to be:

"COLORECTAL CANCER AWARENESS MONTH"

Jeffrey Bernstein, Mayor
Steve Gossard, Council Member
Christina Maderly, Council Member
Ray DeHart, Mayor Pro Tem
Janet Maderly, Council Member

Logos: dcp, GAP Health, cheeky charity, PR, City of Palm Springs, MAF, Cheeky Charity, GAP Health.

Mayor of Palm Springs, Jeffrey Bernstein, declaring March Colorectal Cancer Awareness Month



40 banners throughout the City of Palm Springs

Mayor of Palm
Desert, Karina
Quintanilla,
reading proclamation
during Pride Night at
the Living Desert Zoo



"Up Your Alley" Bowling Event for Blue Hat Bow Tie Weekend



“Raw Talk: Discussing Diet, Sex and Cancer” – through a partnership with DAP Health

Held at Hunters Bar in Palm Springs, CA





Awareness
event at the
Barrack's
Leather Bar

Palm Springs,
CA

LGBTQ+ Colorectal Cancer Support Groups

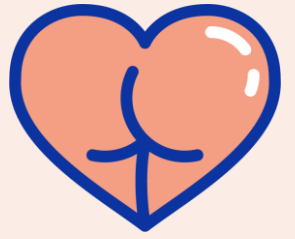
Cheeky Charity's LGBTQ+ CRC Support Groups

- 1st & 3rd Tuesday of the month, 5pm PT (8pm ET) via Zoom
- Regular check-ins to share updates, victories, challenges, and concerns
- Topic discussions about treatment experiences, managing side effects, emotional support, nutrition, lifestyle changes, and more
- Resources specifically tailored to LGBTQ+ health and support needs
- Guest speakers that include healthcare professionals, dietitians, mental health experts, and survivor advocates
- Open forum that involves all members in engaging group discussion

www.cheekycharity.org/support

What Next?

- Research
- Implementation Science
- Pride Cancer Prevention Coalition (PC²?)
 - Collective impact initiative
 - One unified group approaching community organizations with standardized, evidence-based interventions



Thank you!

Email: david@cheekycharity.org

Cell: **518-505-0844**



Cheyenne River Sioux Tribe

Crow Creek Sioux Tribe

Flandreau Santee Sioux Tribe

Lower Brule Sioux Tribe

Mandan, Hidatsa, & Arikara
Nation
(Three Affiliated Tribes)

Oglala Sioux Tribe

Omaha Tribe of Nebraska

Ponca Tribe of Nebraska

Rosebud Sioux Tribe

Sac & Fox Tribe of the
Mississippi in Iowa
(Meskwaki Nation)

Santee Sioux Tribe of
Nebraska

Sisseton-Wahpeton Oyate of
the Lake Traverse Reservation

Spirit Lake Tribe

Standing Rock Sioux Tribe

Trenton Indian Service Area

Turtle Mountain Band of
Chippewa Indians

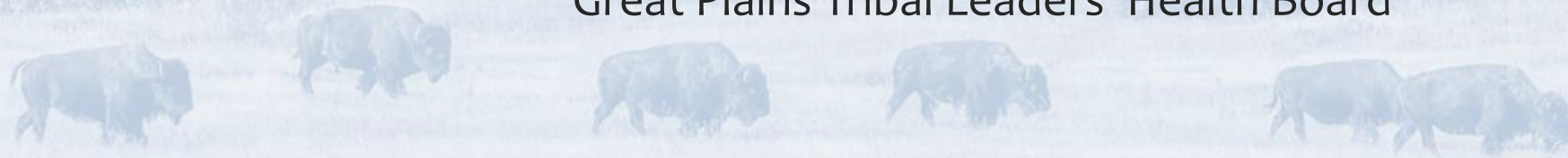
Winnebago Tribe of Nebraska

Yankton Sioux Tribe

Voices of the Great Plains:

Crafting Culturally Resonant Colorectal Health Messages Through Listening Sessions

LaToya Brave Heart, MPH
Program Manager
Great Plains Tribal Leaders' Health Board

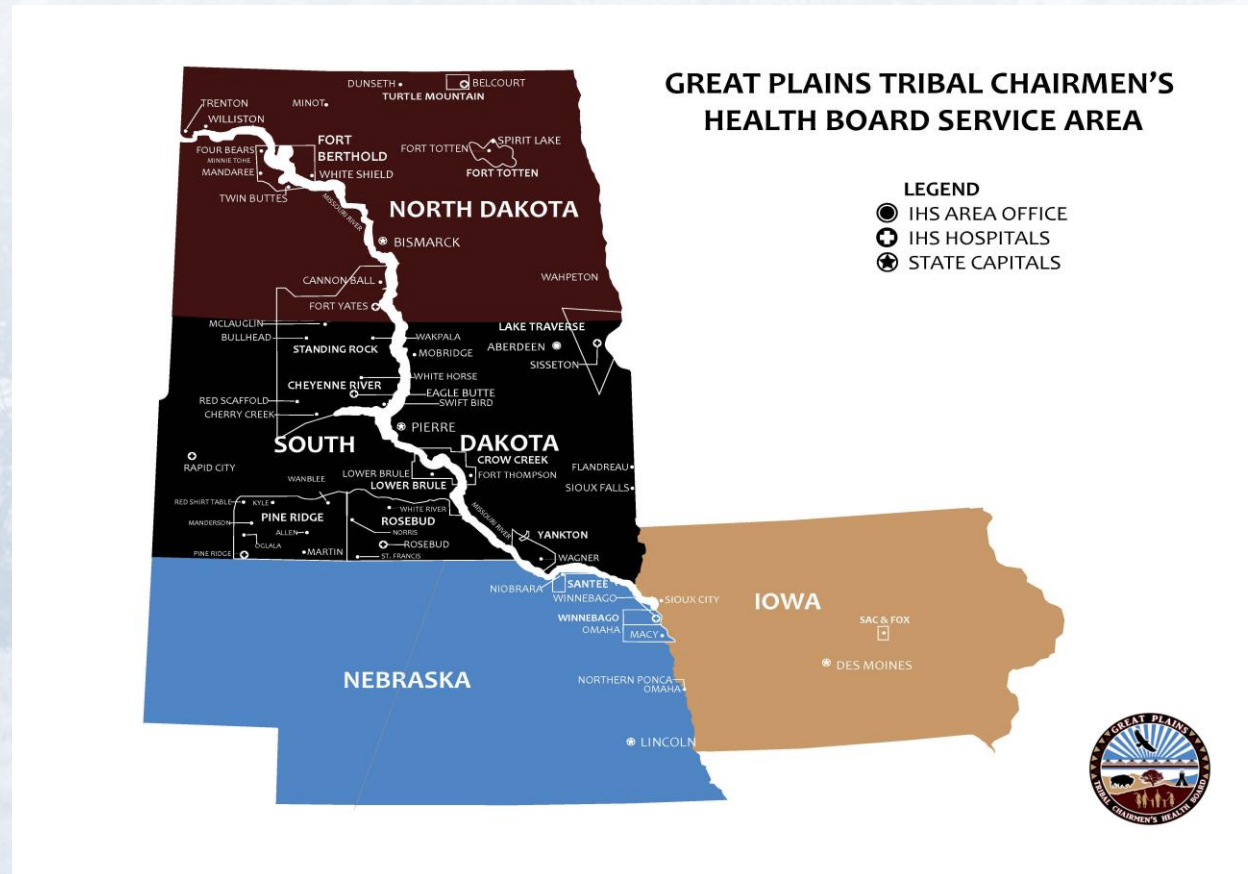


GREAT PLAINS TRIBAL LEADERS HEALTH BOARD (GPTLHB)

- Established in 1986, the Great Plains Tribal Leaders' Health Board (GPTLHB) is an organization representing the 18 tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa.
- Through public health practices and the formation of tribal partnerships, we work to improve the health of the American Indian peoples we serve by providing public health support and health care advocacy.



- Serving as a liaison between the Great Plains Tribes and the various Health and Human Services divisions, including the Great Plains Area Indian Health Service, GPTLHB works to reduce public health disparities and improve the health and wellness of the American Indian peoples who are members of the 18 Great Plains tribal nations and communities.

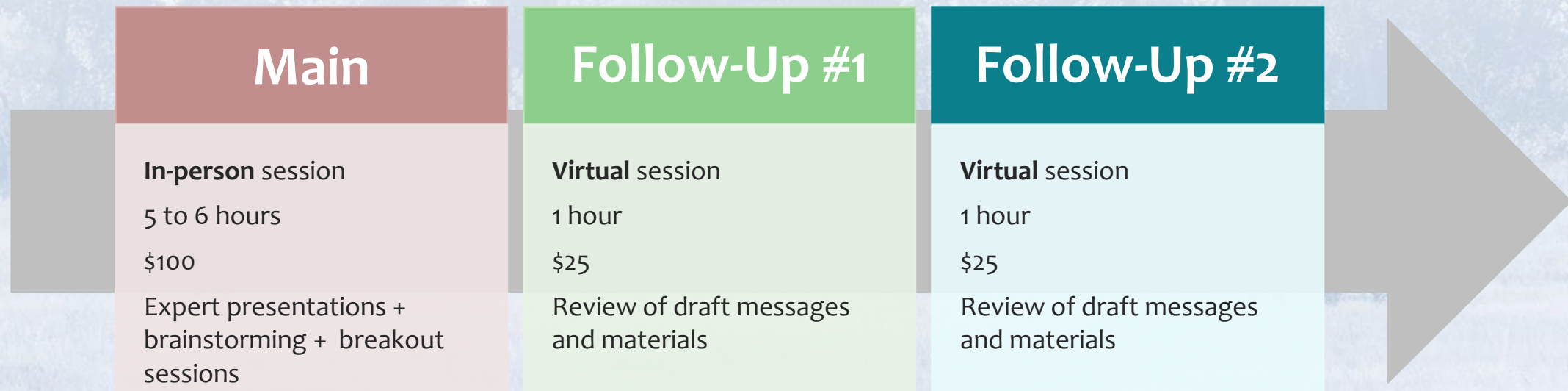


PROJECT DESCRIPTION

- Support for this work was provided by the National Association of Chronic Disease Directors through a cooperative agreement funded by the Centers for Disease Control and Prevention
- **Purpose:** Create tailored, meaningful messaging and materials to promote colorectal health in tribal communities served by the GPTLHB
 - Conduct in-person Listening Sessions (5-6 hours) followed by two virtual calls (1 hour each) calls with participants (ages 45 – 75 years)
 - 39 adults participated in the in-person Listening Session and 8 attended each of the two follow-up calls
 - We learned what messages, themes, and concepts help motivate communities served by the GPTLHB

LISTENING SESSIONS

- The Listening Session engagement process, led by Kaiser, was designed to help us learn about local barriers and gaps in care (**listen**), share health information in a collaborative way (**empower**), and develop messages and materials that resonate with and motivate community members to take control of their health (**co-create**).
- This engagement method followed a 3-4 month process: an in-person session with expert presentations and group discussions, followed by virtual meetings to share and refine co-created messages and materials.



KEY LEARNINGS FOR MESSAGES & MATERIALS

- Include Lakota words, as language is tied to cultural identity
- Apply a multigenerational approach to screening education
- Create messages that are relatable, address local barriers, and include resources and cultural imagery
- Include cultural details about healing traditions
- Use visuals for colon health education and screening education
- Suggested dissemination channels: in-clinic videos, visual stories, brochures, radio ads



MATERIALS

(Visual Story)



Get Screened Today!

Take care of yourself so you can take care of your family and future generations!



Get Screened for colorectal cancer in the comfort of your own home!

If your test result is abnormal, your health care professional may ask you to get a second test called a colonoscopy. A colonoscopy can find and remove growths in your colon before they become cancer.

Call 800-745-3466 if you have any questions.

Support for this work is provided by the National Association of Chronic Disease Directors, through a cooperative agreement funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Association of Chronic Disease Directors, or the Centers for Disease Control and Prevention, or the Department of Health and Human Services.

Get Screened for Colorectal Cancer Today!

Take Control of Your Health



1

Hi Gigi. What are you doing takója?

Hi Lala. I'm reading.

Always reading. What is it today? Robots? Space?

Nope. Colorectal cancer.

2

What? Why?

I don't know. It's interesting. And that lady from the clinic left this box for you the other day. So, I started checking it out.

3

Oh, they're always leaving stuff.

You should look at this. Did you know colorectal cancer is the second leading cause of cancer death in the US?

This is an at-home test you can take in the bathroom that looks for problems in your poop.

4

Gigi you don't need to worry about these things.

Well, you do. It says if you're over 45, you should get tested. You're 55. I don't want you to die!

I'm not going to die. These doctors are always trying to scare us.

Look. The test is right here. You just take it in the bathroom when you have to do a number 2. Follow the instructions and mail it in. You got the time. And you're always in the bathroom!

5

That sounds gross.

You spent an hour cleaning a deer the other day. THAT was gross.

6

You are persistent. Why is this so important to you?

I love you. I want you to be around for us as long as possible.

MATERIALS

(Live Action Videos)

Preserve Our Culture, Protect Our People (1:28)



<https://vimeo.com/1001324993/d12f2a2834>



MATERIALS

(Live Action Videos)

Do It For Us, Grandpa! (1:34)



<https://vimeo.com/961805419/932437df24>



MATERIALS

(Live Action Videos)

Friends Look Out For Friends (1:37)



<https://vimeo.com/983359292/a3ea7c42ea>



MATERIALS (Clinic Posters)

Thank you for taking care of yourself, Grandpa!



Grandpa, did you know that Colorectal Cancer is one of the most common cancers in the whole country? And our people here have some of the highest rates of it than any other group?

It's a cancer you can prevent if you get screened early! Grandpa you should do the test! Do it for us?

Grandpa: Anything for you.

Screening is recommended starting at age 45 for average-risk adults. Talk to your healthcare provider today about which colorectal cancer screening option is right for you.

Take care of yourself so you can take care of your family and future generations.

Get screened for colorectal cancer today!



Preserve Our Culture, Protect Our People



Take action today

- If you're 45 or older, talk to your healthcare provider
- Complete an at-home stool test
- Learn about your family history with colorectal cancer

By taking care of yourself, you ensure a brighter future for your family and community.

For centuries, our people have lived on the Great Plains, with each generation making their own unique contributions to our vibrant culture.

But for our communities to preserve our traditions we must preserve the most important thing—ourselves.

Colorectal cancer is the third most common cancer among Great Plains American Indians, but it's preventable!

Get screened for colorectal cancer today!



Friends Look Out for Friends: Keep Your Butt Healthy, Get Screened for Colorectal Cancer



Did you know?

- Colorectal cancer is the third most common cancer among Great Plains American Indians, but it's preventable!
- Blood in your stool could be a sign of colorectal cancer.
- Screening is recommended starting at age 45 for average-risk adults.

You have screening options!

- At-home stool tests (simple and convenient)
- Colonoscopy (not as bad as you think)
- Talk to your doctor about what's right for you

Why should I get screened?

- Catch issues early when they're easier to treat
- Could save your life (and your butt!)
- Keeps you fishing with your buddies longer!



PLANS FOR DISSEMINATION

- **GPCCCP** plans to feature the videos at the following:
 - Conferences
 - Team meetings
 - Our organization website
 - Good Health TV (waiting room areas of IHS facilities)
 - With our network of partners who have expressed interest in the content.

Additionally, we are enthusiastic about highlighting NACDD website as a valuable resource for our audience. The videos have been received with tremendous enthusiasm and praise.



RESOURCES

Great Plains Tribal Leaders Health Board

Great Plains Tribal Leaders' Health Board

HOME NEWS EVENTS DOWNLOADS CAREERS CONTACT SEARCH

ABOUT US HEALTH TOPICS & PROGRAMS HEALTH CENTERS EPIDEMIOLOGY EMERGENCY OPERATIONS CENTER

Great Plains Tribal Leaders' Health Board
So That The People May Live

National Association of Chronic Disease Directors

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Preventing Health - Promoting Health

DONATE CONTACT BECOME A MEMBER MEMBER PORTAL

ABOUT FOR MEMBERS PROGRAM AREAS SUCCESS STORIES POLICY PUBLICATIONS LIBRARY LEARNING CENTER

CANCER

NACDD ACTION ON CANCER CANCER COUNCIL CANCER TECHNICAL ASSISTANCE AND PROJECTS CANCER RESOURCES

CANCER SCREENING IN TRIBAL COMMUNITIES

Tailored and meaningful health messaging and materials will have a stronger impact in communities. NACDD partnered with tribal health leaders to promote colorectal health in American Indian and Alaska Native populations.

Kaiser Center for Health Research

KAISER PERMANENTE
Center for Health Research

Home Partner With Us Research Materials Videos Trainings

ENGAGE
Innovations and Designs for Engagement and Equity

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Investigator Profile

ENGAGE uses community and patient engagement approaches to create culturally-relevant healthcare messages and materials, including print and digital media, to improve rates of preventive care screenings and follow-up care among underserved communities experiencing health disparities. We provide tools and inspiration for clinics, community-based organizations, and others to improve health outcomes and quality of care. ENGAGE is a Kaiser Permanente Center for Health Research resource led by Ms. Jennifer Rivelli and Ms. Jamie Thompson, with support from Dr. Amanda Petrik.



PILAMAYA!

(THANK YOU)

Contact information:

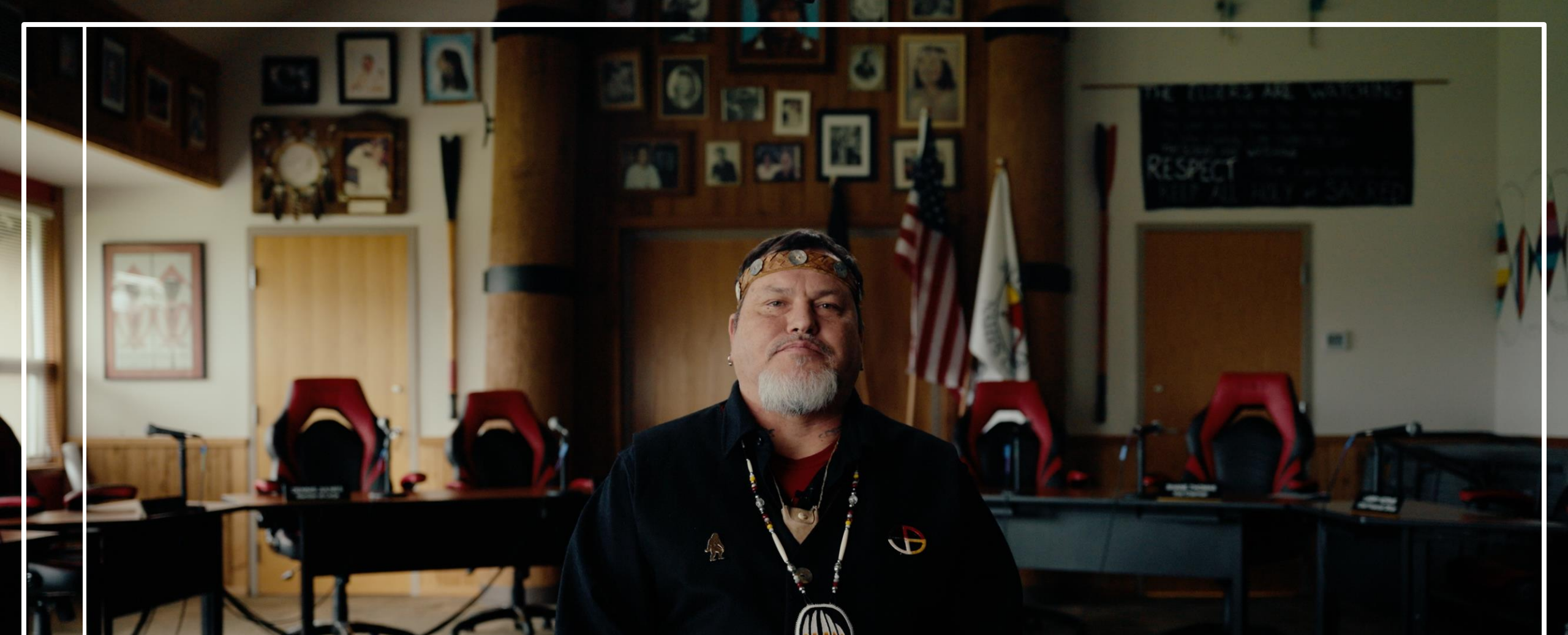
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NATIONAL COLORECTAL CANCER ROUNDTABLE ANNUAL MEETING

NOVEMBER 2024

American Indian/Alaskan Native Colorectal Cancer
Screening Listening Session Project



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.



**260 million
Americans**
reached
through our
work



We lead **ten
cooperative
agreements**



We support
Members in
implementing
hundreds of
CDC-funded
projects




We are thought
leaders with an
**extensive
background in
cancer
prevention
and control**

After the Listening Sessions, NACDD...


- Continued to **provide leadership** and coordination of the Listening Session Project
- **Maintained partnerships** with CDC and KPCHR.
- **Collaborated to create** a guide based on Listening Sessions learnings and best practices.


Scan to Download the Guide




A Guide for Conducting Listening Sessions to Create Tailored Messages About Colorectal Health for American Indian and Alaska Native Communities

LISTEN **EMPOWER** **CO-CREATE**

 NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

 KAISER PERMANENTE.
Center for Health Research

 CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION



Guide Contents

PART
1



Introduction

PART
2



Listen, Empower, Co-Create (LEC)

PART
3




Conduct a Listening Session

PART
4



Partner Spotlight



Appendix

Listening Sessions are Adaptable



OPTION 1

This option includes one session lasting 2 to 3 hours, with 6 to 8 participants.

This approach still allows for broad community involvement and deep discussions around messaging and barriers.



OPTION 2

This option includes one or two in-person or online conversations with a small group.

This approach typically involves modifying existing messaging materials to be culturally specific and may be ideal for communities with limited resources or smaller needs.

	OPTION 1	OPTION 2
LISTEN		
Key Questions	Develop based on organizational CRC performance goals.	Develop based on organizational CRC performance goals.
Recruitment	Recruit 6 to 8 participants from existing clinic patient councils, community advisory boards, church councils, and/or other organizations.	No recruitment. Use existing board or council.
Format	Conduct one 2- to 3-hour in-person session.	Use the existing time and format of clinic patient councils, community advisory boards, church councils, parent associations, or other meetings to solicit help adapting existing materials.



Contact Us

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Thank You