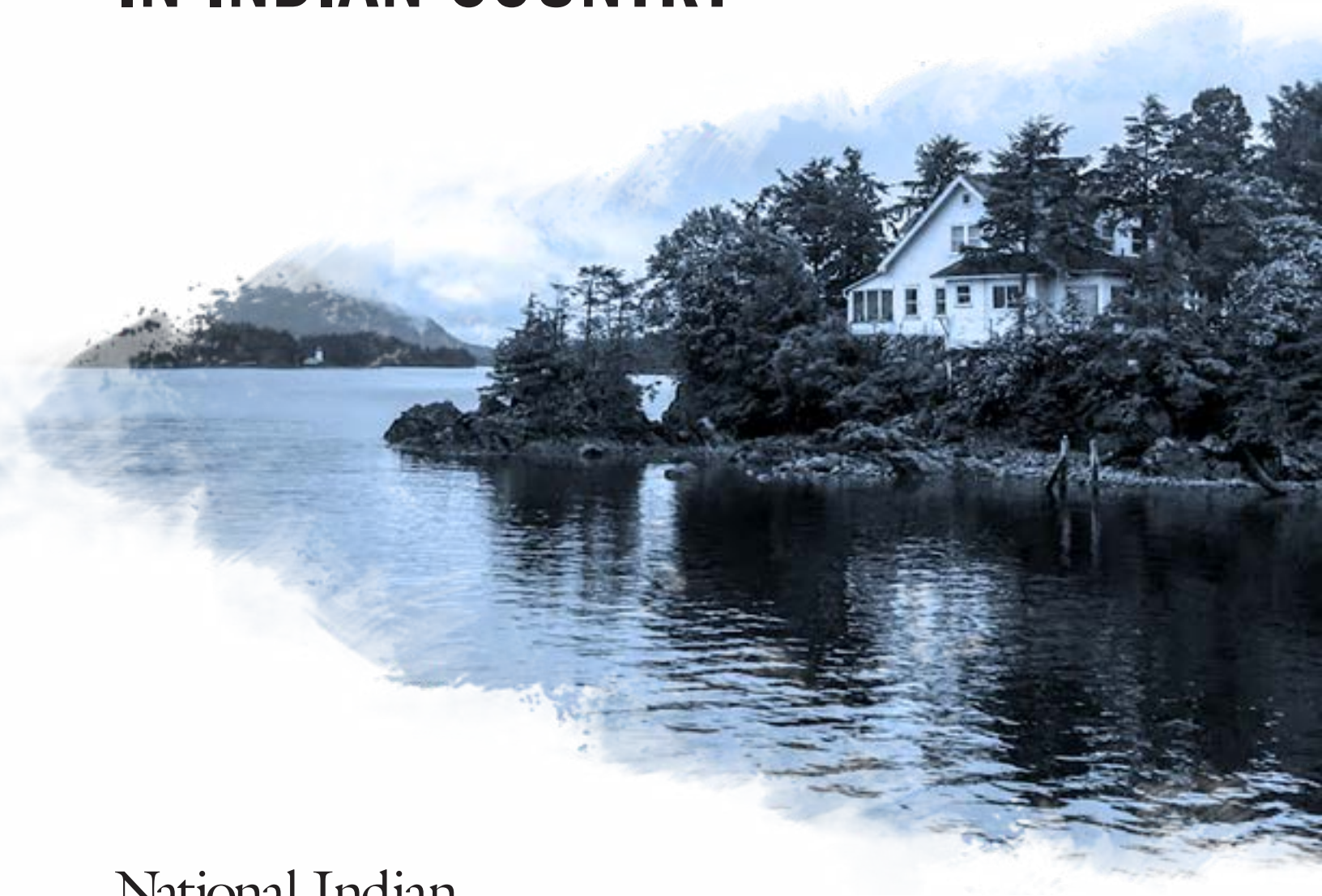


HEALTH SYSTEMS IMPROVEMENT TOOLKIT: **A GUIDE TO CANCER SCREENINGS** **IN INDIAN COUNTRY**



National Indian
Health Board



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Introduction

Acronyms

- ACS** • American Cancer Society
- AICAF** • American Indian Cancer Foundation
- AI/AN** • American Indian/Alaska Native
- ANTHC** • Alaska Native Tribal Health Consortium
- CDC** • Centers for Disease Control and Prevention
- CHAPs** • Community Health Aide Practitioner
- CHRs** • Community Health Representatives
- CPSTF** • Community Preventive Services Task Force
- CRCCP** • Colorectal Cancer Control Program
- EBIs** • Evidence Based Interventions
- EHR** • Electronic Health Record
- FIT** • Fecal Immunochemical Test
- FOBT** • Fecal Occult Blood Test
- GPTCHB** • Great Plains Tribal Chairman's Health Board
- IHS** • Indian Health Service
- IT** • Information Technology
- MDE** • Minimum Data Element
- NBCCEDP** • National Breast and Cervical Cancer Early Detection Program
- NIHB** • National Indian Health Board
- USPSTF** • United States Preventive Services Task Force

This toolkit is the result of a partnership between the Centers for Disease Control and Prevention (CDC) and the National Indian Health Board (NIHB) through funding titled, “Health systems improvements to cancer screening through Tribal health systems.” With its mission of advocating for the rights of all federally recognized AI/AN Tribes through the fulfillment of the trust responsibility to deliver health and public health services, NIHB is committed to improving health and promoting health equity within Tribal communities. This includes improving access to cancer screening in Indian Country by building the capacity of Tribal health systems. It is anticipated that supporting Tribal communities to build effective and efficient health system practices will result in improved screening for cancer, specifically breast, cervical, and colorectal cancers.

The CDC’s Division of Cancer Prevention and Control, Program Services Branch directly funds 13 Tribal awardees to implement health systems enhancements through cooperative agreements. This includes the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP). These initiatives aim to institutionalize priority evidence-based interventions (EBIs) found in the Guide to Community Preventive Services (The Community Guide). These EBIs are well-researched, proven strategies to increase quality cancer screening. Further information on The Community Guide can be found at <https://www.thecommunityguide.org/topic/cancer>



Hopi Cancer Support Services building, Kykotsmovi, Arizona



Seaplane on water in Bethel, Alaska

About this Toolkit

This toolkit has been developed to share the best practices for programs as they implement the evidence-based interventions (EBIs) and strategies found in The Guide to Community Preventive Services (The Community Guide). This action guide is designed specifically for Tribal health systems interested in increasing high-quality, population-based breast, cervical, and colorectal cancer screenings. It has been piloted with nine Tribal sites¹ to assess overall effectiveness in implementing cancer screening EBIs.

This toolkit is composed of six primary sections: Cancer 101, Overview of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP), Overview of The Community Guide strategies, In-depth guide to implementing the EBIs in your Tribal health system, Additional lessons learned from the current NBCCEDP and CRCCP Tribal programs, and Summary — An action plan to implementing the EBIs.

Section 1: Cancer 101

This section serves as a quick reference for program staff who are new to screening for breast, cervical, and colorectal cancers. It includes an overall picture of the cancer burden in Indian Country followed by the United States Preventive Services Task Force (USPSTF) guidelines for the corresponding cancer screening tests.

Section 2: Overview of the CDC's Cancer Screening Programs

This section provides an overview of the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program, including the current Tribal awardees.

Section 3: Overview of The Community Guide for Breast, Cervical, and Colorectal Cancers

This section provides an overview of The Community Guide for breast, cervical, and colorectal cancers based on existing research and evidence in 2017.

¹ NIHB's pilot site participants: Bad River Health and Wellness Center; Canoncito Band of Navajos Health Center, Inc.; Osage Nation; Red Cliff Community Health Center; Sault Tribe Health Center; St. Croix Tribal Health Clinic; Saint Regis Mohawk Tribe Health Services; Standing Rock Sioux Tribe; Winslow Indian Health Care Center, Inc.



To'Hajilee Tribal member (Cañoncito Band of Navajo Indians)

Section 4: In-depth guide to implementing evidence-based interventions in your Tribal health system

This section builds on the previous one by providing an in-depth guide to implementing evidence-based strategies in your Tribal setting. It includes key steps for using the strategies in addition to resources that might be needed to ensure successful implementation. Furthermore, this section highlights the successful implementation of these strategies using “Tribal Highlights” from the current NBCCEDP and CRCCP Tribal awardees.

Section 5: Additional lessons learned from the funded breast, cervical, and colorectal cancer Tribal programs

This section provides additional lessons learned from the Tribal awardees.

Section 6: Summary — An action plan for implementing evidence-based interventions

This section provides an overview of how to develop your Tribal program or clinic’s action plan to implement evidence-based strategies for cancer screening.

Appendices

The Appendices contain key tools to assist your Tribal clinic or program with implementing evidence-based interventions and strategies for cancer screening. These include:

- Action Plan Template
- Assess Your Progress Work Sheet
- At a glance — The Community Guide
- CDC Screen Out Cancer one-page strategy guides
- Program material examples
- Blank templates
- Additional Resources

1. Cancer 101

This section provides an overview of breast, cervical, and colorectal cancers by describing the cancer burden in Indian Country along with screening tests and recommended guidelines for routine testing issued by the United States Preventive Services Task Force (USPSTF).



1.1 Cancer in Indian Country

High quality screening can prevent deaths related to breast, cervical, and colorectal cancers through early detection and more effective treatment.²

Breast cancer is the most frequently diagnosed cancer and the leading cause of death among American Indian/Alaska Native (AI/AN) women.³ Although AI/AN women have a lower breast cancer incidence rate compared to White women, AI/AN women are more likely to be diagnosed at a younger age and after their cancer has progressed to more advanced stages. Rates of breast cancer are not uniform across Indian Country, but vary by region. For example, mortality rates among AI/AN women in the Pacific Coast, Southwest and Eastern regions seem to be lower than rates for White women. However, a closer look at mortality rates stratified by age groups reveals that AI/AN women aged 40-49 years in the Alaska region and women aged 65 years or older in the Southern Plains experienced higher breast cancer mortality rates than White women in the same age group.⁴ Many of these deaths could be prevented with routine cancer screening, particularly since overall breast cancer screening rates among AI/AN women are lower (71.6%) than the screening rates

for White women (76.7%).⁴ Similar to rates for breast cancer screening also varies by region. According to data estimates from the 2000 to 2010 Behavioral Risk Factor Surveillance System, the Southwest region had the lowest screening rates (61.1%) while the Southern Plains region had the highest screening rates (73.6%), which is still lower than the national average screening rate for White women.²

Cervical cancer, once known as the most common causes of cancer deaths for American women, has decreased by 50% in the past 40 years due to the increased use of the Pap test for cancer screening.⁵ Although rates for cervical cancer have decreased dramatically nationally, health disparities are affecting AI/AN women in significant ways. The cervical cancer mortality rate for AI/AN women in Indian Health Service (IHS) Contract Health Service Delivery Area (CHSDA) counties is almost twice the rate in White women (4.2 per 100,000, compared to 2.0 per 100,000).⁶ Despite existing screening efforts, AI/AN women experienced a higher incidence rate and diagnosis at more advanced stages of cervical cancer.⁷

2 CDC. (2012). Cancer Screening — United States, 2010. *Morbidity and Mortality Weekly Report*. 61(03), 41-45.

3 CDC. (2017). United States Cancer Statistics (USCS). Retrieved from <https://nccd.cdc.gov/uscs/cancersbyraceandethnicity.aspx>

4 White, A., Richardson, L. C., Li, C., Ekwueme, D. U., & Kaur, J. S. (2014). Breast cancer mortality among American Indian and Alaska Native women, 1990-2009. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24754658>

5 American Cancer Society. (2016). Cancer Facts & Statistics. Retrieved from <https://cancerstatisticscenter.cancer.org/#/cancer-site/Cervix>

6 Watson, M., Benard, V., Thomas, C., Brayboy, A., Paisano, R., & Becker, T. (2014). Cervical cancer incidence and mortality among American Indian and Alaska Native women, 1999-2009. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24754650>

7 Ibid.

1.1 Cancer in Indian Country Continued

Colorectal cancer is another treatable cancer with preventive screening tests and ranks in the top five most common cancers diagnosed in the United States. Overall, colorectal cancer mortality rates have declined due to the use of screening measures such as colonoscopies, fecal immunochemical tests (FIT), and fecal occult blood testing (FOBT).⁸ Unfortunately, AI/AN people still face colorectal cancer disparities in many regions throughout the United States.⁹ For example, colorectal cancer incidence and mortality among AI/ANs have been found to be 21% and 39%, respectively, higher than White populations. Once again, these rates vary by region, with the highest incidence rates and mortality rates among AI/AN populations in Alaska and the Northern and Southern Plains regions.¹⁰ Additionally, indigenous people are diagnosed with colorectal cancer at younger ages and at more advanced stages of cancer, leading to a greater burden of disease.¹¹ These disparities are evident in the Eastern region as well, where AI/AN women had significantly higher colorectal mortality rates than White women.¹²



Red Cliff Community Health Center
Breast Cancer Screening Event

By increasing cancer screening rates per national guidelines, many cancer deaths could be avoided. Routine patient cancer screening, such as mammograms, Pap tests, and colonoscopies, are particularly effective as they can frequently prevent or detect these cancers before a person develops any symptoms.¹³ Identifying abnormal tissues before disease develops or discovering cancer during early stages may make it easier for the cancer to be prevented, treated, or cured, reducing morbidity and mortality and the overall burden of disease. Cancer screening is low-risk and typically causes patients only minor discomfort or inconvenience while providing valuable results.

As we work to increase cancer screening, it's important to identify barriers such as lack of reliable access to healthcare, cultural differences, and other social determinants of health.

1.2 Cancer Screening Tests and Guidelines

Cancer screening, or checking for cancer or abnormal tissues before symptoms develop, is an effective way to prevent cancer or ensure early detection, increasing the likelihood that a patient can be treated effectively.¹⁴ Cancer screening is especially important for breast, cervical, and colorectal cancers. The United States Preventive Services Task Force (USPSTF) has national

recommended guidelines for screening, which are included below and summarized in Table 1.

For additional reference, the American Cancer Society's (ACS) screening tests recommendations for breast, cervical, and colorectal cancers for people of average risk can be found at the end of the section in Table 2.

8 National Institutes of Health. (n.d.). Colorectal Cancer. Retrieved from <https://www.cancer.gov/types/colorectal>

9 CDC. (2016). Cancer Screening Tests. Retrieved from <https://www.cdc.gov/cancer/dcpc/prevention/screening.htm>

10 Nadeau, M., Walaszek, A., Perdue, D. G., Rhodes, K. L., Haverkamp, D., & Forster, J. (2016). Influences and Practices in Colorectal Cancer Screening Among Health Care Providers Serving Northern Plains American Indians, 2011-2012. *Preventing Chronic Disease*, 15(13), E167. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27978410>

11 Perdue, D. G., Haverkamp, D., Perkins, C., Daley, C. M., and Provost, E. (2014). Geographic variation in colorectal cancer incidence and mortality, age of onset, and stage at diagnosis among American Indian and Alaska Native people, 1990-2009. *American Journal of Public Health*, 104(S3), S404-414. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24754657>

12 CDC. (2016). Cancer Screening Tests. Retrieved from <https://www.cdc.gov/cancer/dcpc/prevention/screening.htm>

13 National Institutes of Health. (2017). Cancer Screening Overview. Retrieved from <https://www.cancer.gov/about-cancer/screening/patient-screening-overview-pdq>

14 Ibid



Screening guidelines for breast cancer

A *mammogram* is used to screen women for breast cancer using X-ray images of the breast. To have a mammogram, a woman stands in front of a machine that compresses her breast while an image is taken. Mammograms may feel uncomfortable or even painful. After the test is complete, radiologists read the mammograms to determine if they are normal or abnormal. Abnormal mammograms do not necessarily indicate cancer, but rather highlight the need for additional testing to look for cancer.¹⁵

As of 2018, the USPSTF recommends breast cancer screening biennially for women age 50 to 74, with no specific recommendations for women age 75 and over.¹⁶ Women age 40 to 49 should make an individual decision to screen. There are additional recommendations for women with high risk of breast cancer, including breast MRI. Also, women should discuss family history of breast cancer and genetic testing with their provider. If screening women 40 to 49 years of age, your program must consider weighing the risks and benefits. For NBCCEDP grantees, the CDC minimum data elements (MDEs) permit a small percentage of women to be screened outside of the ages 50-74.¹⁷



Screening guidelines for cervical cancer

Two tests can be used for cervical cancer prevention. The Pap test, or Pap smear, is an exam used to check for changes to the cells of the cervix that can become cancerous if not treated. The HPV (human papillomavirus) test can look for the virus that may cause changes to cervical cells. To have a Pap test, a woman

will recline on a table while a healthcare provider uses a speculum tool to widen the vagina. The provider will examine the woman's body and will collect samples from on and around the cervix. Some people may also have the HPV test in addition to the Pap test. For these patients, cells from the same sample will be tested for HPV in a lab.¹⁸

As of 2018, the USPSTF recommends screening women for cervical cancer every three years beginning at the age of 21 years and continuing to age 65.¹⁹ Women age 21 to 29 should have Pap testing every three years. HPV co-testing is not recommended for women under 30. The USPSTF recommends Pap testing every three years, co-testing every five years, or primary HPV testing every 5 years for women ages 30 to 65. They also generally recommend ending testing at 65 years for women with an adequate screening history (i.e. three consecutive negative cytology results or two consecutive negative co-testing results within 10 years, with the most recent test occurring within 5 years before stopping screening). Testing may be advised depending on the woman's screening history and health status.²⁰ Women with a high risk of cervical cancer may need to be screened more often and should follow their providers recommendations. Women within the age range of 21 to 65 should get regular Pap tests even if they are not sexually active.²¹



Screening guidelines for colorectal cancer

Colorectal cancer normally develops from polyp growths within the colon or rectum. There are several types of screening tests that can be used to detect polyps or cancer. Stool tests include the guaiac-based fecal occult blood test (FOBT), the fecal immunochemical test (FIT), and the FIT-DNA test that are used to look

15 CDC. (2017). What is a Mammogram? Retrieved from https://www.cdc.gov/cancer/breast/basic_info/mammograms.htm

16 U.S. Preventive Services Task Force. (2018). Final Update Summary: Breast Cancer: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1>

17 CDC. (n.d.). NBCCEDP Clinical Quality Indicators. Retrieved from <https://www.cdc.gov/cancer/dcpc/pdf/dp17-1701-nbccedp-mde-clinical-quality-indicators.pdf>

18 CDC. (2016). Cervical Cancer: What Should I Know About Screening? Retrieved from https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

19 U.S. Preventive Services Task Force. (2016). Final Update Summary: Cervical Cancer: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2>

20 CDC. (2016). Cervical Cancer: What Should I Know About Screening? Retrieved from https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

21 Ibid

1.2 Cancer Screening Tests and Guidelines Continued

Table 1

Table of USPSTF Screening Tests Recommendations for Breast, Cervical, and Colorectal Cancers for People of Average Risk (<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>)

	Breast Cancer (2016)	Cervical Cancer (2018)	Colorectal Cancer (2016)
USPSTF	<p>Age 40-49: mammograms should be woman's decision after learning about risks and benefits.</p> <p>Age 50-74: biennial mammograms recommended</p> <p>Age 75+: no specific recommendations.</p>	<p>Age 21-29: Pap test recommended every three years.</p> <p>Age 30-65+: Pap tests every three years, Pap + HPV co-testing (i.e. done at the same time) every five years, or primary HPV testing alone every five years.</p> <p>Age 65+: Women who do not meet the criteria for adequate prior screening, or for whom the adequacy of prior screening is unknown, should still be screened.</p>	<p>Age 50-75: One of the following –</p> <ul style="list-style-type: none"> • FIT, FOBT, or FIT-DNA tests annually • FIT-DNA every three years • Colonoscopies every ten years • CT colonoscopies and sigmoidoscopies every five years • Sigmoidoscopies every ten years with FIT testing completed annually. <p>Ages 76-85: individual decisions should be made based on patient health and history.</p>



for blood or cancer cells in the stool.²² A sigmoidoscopy test involves a health provider inserting a small tube into the rectum that can check for polyps or cancer in the rectum and lower colon. A colonoscopy is a similar exam, but is able to examine the entire colon and may also be able to remove polyps and cancer. A computed tomography (CT) colonography, also called virtual colonoscopy, uses radiologic images and technology to display images of the colon.²³

As of 2016, the USPSTF recommends beginning colorectal cancer screening at age 50 and continuing through age 75.²⁴ From ages 76 through 85, individual decisions should be made based on the patient's health status and screening history. The FOBT, FIT, and FIT-DNA tests are recommended annually, although FIT-DNA can also be offered every three years. Colonoscopies are recommended every ten years, with CT

22 CDC. (2016). Colorectal Screening tests: What Should I Know About Screening? Retrieved from https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm

23 Ibid

24 U.S. Preventive Services Task Force. (2017). Final Recommendation Statement: Colorectal Cancer: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2>

1.2 Cancer Screening Tests and Guidelines Continued

colonoscopies and sigmoidoscopies recommended every five years. Alternatively, sigmoidoscopies can be recommended every ten years with FIT testing completed annually.²⁵

Staying up-to-date on screening guidelines

Cancer screening guidelines may change as new evidence emerges regarding the tests' effectiveness for detection and preventing cancer mortality. For the USPSTF guidelines, programs and clinical providers can use the Electronic Preventive Services Selector (ePSS) via <https://epss.ahrq.gov/PDA/index.jsp> to stay up to date. This application can be used online or downloaded to a mobile device so that USPSTF recommendations are easily accessible.

²⁵ Ibid

Table 2

American Cancer Society (ACS) Screening Tests Recommendations for Breast, Cervical, and Colorectal Cancers for People of Average Risk

	Breast Cancer	Cervical Cancer	Colorectal Cancer
ACS	<p>Age 40-44: mammograms should be woman's decision after learning about risks and benefits.</p> <p>Age 45-55: annual mammograms recommended.</p> <p>Age 55-74+: can continue annual mammograms or reduce screenings to every two years. Older women advised to continue screenings if healthy and expected to live at 10+ years.</p>	<p>Age 21-29: Pap test recommended every three years.</p> <p>Age 30-65: co-testing every five years (preferable) or Pap test every three years.</p>	<p>Age 45+: One of the following:</p> <ul style="list-style-type: none"> • Colonoscopies every 10 years • CT colonographies (virtual colonoscopy) or flexible sigmoidoscopy every five years • FIT or FOBT tests • Stool DNA tests every three years.

2. Overview of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) & Colorectal Cancer Control Program (CRCCP)

CDC is currently working with 13 Tribal awardees to improve access to cancer screening in Tribal communities through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP) within the Division of Cancer Prevention and Control. An overview of these programs follows.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Through passage of the *Breast and Cervical Cancer Mortality Prevention Act of 1990*, CDC created the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), a program providing low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. Currently, the NBCCEDP funds all 50 states, the District of Columbia, six U.S. territories, and 13 AI/AN Tribal programs to provide screening services for breast and cervical cancer.

Following the passage of the *Breast and Cervical Cancer Prevention and Treatment Act* in 2000, states can offer women who are diagnosed with cancer in the NBCCEDP access to treatment through Medicaid. The following year, passage of the *Native American Breast and Cervical Cancer Treatment Technical Amendment Act* clarified that this option also applies to AIs/ANs who are eligible for health services provided by the Indian Health Service or by a Tribal organization.

Colorectal Cancer Control Program (CRCCP)

The CDC's Colorectal Cancer Control Program (CRCCP) aims to increase colorectal cancer screening rates among people between 50 and 75 years of age by:

- Implementing EBIs described in *The Community Guide* and other supporting strategies in partnership with health systems
- Providing screening and follow-up services for a limited number of eligible people.

The CRCC initially started as a demonstration program providing colorectal cancer screening from 2005 to 2009 to low-income, uninsured or underinsured men and women. CRCCP currently funds 23 states, six universities, and one Tribal organization.

2.1 Tribal Awardees

This toolkit was developed in partnership with the current NBCCEDP and CRCCP Tribal awardees²⁶ (listed in Table 3) to improve implementation of The Community Guide strategies to improve cancer outcomes in Indian Country. Site visits were conducted to those awardees between June and September 2017 to assess implementation of the Community Guide Strategies. These programs provided crucial insight into how the strategies are used in a diverse array of Tribal settings across the US (see Figure 1 for a map of

Tribal awardee locations) including rural communities, urban communities, IHS-direct service clinics, and 638 contracted clinics.

Key takeaways from these site visits are captured in the “Tribal Highlights” found in the next section, as well as in Section 6 on “Additional Lessons Learned from Tribal Programs.”

²⁶ Site visits were conducted with 11 of the 13 Tribal awardees, as AICAF and GPTCHB (NBCCEDP) were new awardees as of August 2017.

Table 3

List of Current NBCCEDP and CRCCP Tribal Awardees

Program	Location	CDC Awardee
Arctic Slope Native Association Limited	Barrow, AK	NBCCEDP
American Indian Cancer Foundation (AICAF)*	Minneapolis, MN	NBCCEDP
Cherokee Nation	Tahlequah, OK	NBCCEDP
Cheyenne River Sioux Tribe (CRST)	Eagle Butte, SD	NBCCEDP
Great Plains Tribal Chairmen’s Health Board (GPTCHB) (including Great Plains Colorectal Cancer Screening Initiative)	Rapid City, SD	CRCCP & NBCCEDP*
Hopi Tribe	Kykotsmovi, AZ	NBCCEDP
Kaw Nation	Newkirk, OK	NBCCEDP
Native American Rehabilitation Association (NARA)	Portland, OR	NBCCEDP
Navajo Nation	Window Rock, AZ	NBCCEDP
South Puget Intertribal Planning Agency (SPIPA)	Shelton, WA	NBCCEDP
Southcentral Foundation (SCF)	Anchorage, AK	NBCCEDP
Southeast Alaska Regional Health Consortium (SEARHC)	Sitka, AK	NBCCEDP
Yukon-Kuskokwim Health Corporation (YKHC)	Bethel, AK	NBCCEDP

*The AICAF and GPTCHB NBCCEDP were new awardees as of September 2017 and were not included in the site visits.



2.1 Tribal Awardees Continued

Figure 1

Map of current NBCCEDP and CRCCP Tribal Awardees

There are 13 Tribal programs funded by the CDC for breast, cervical and colorectal cancer screening in 2018.

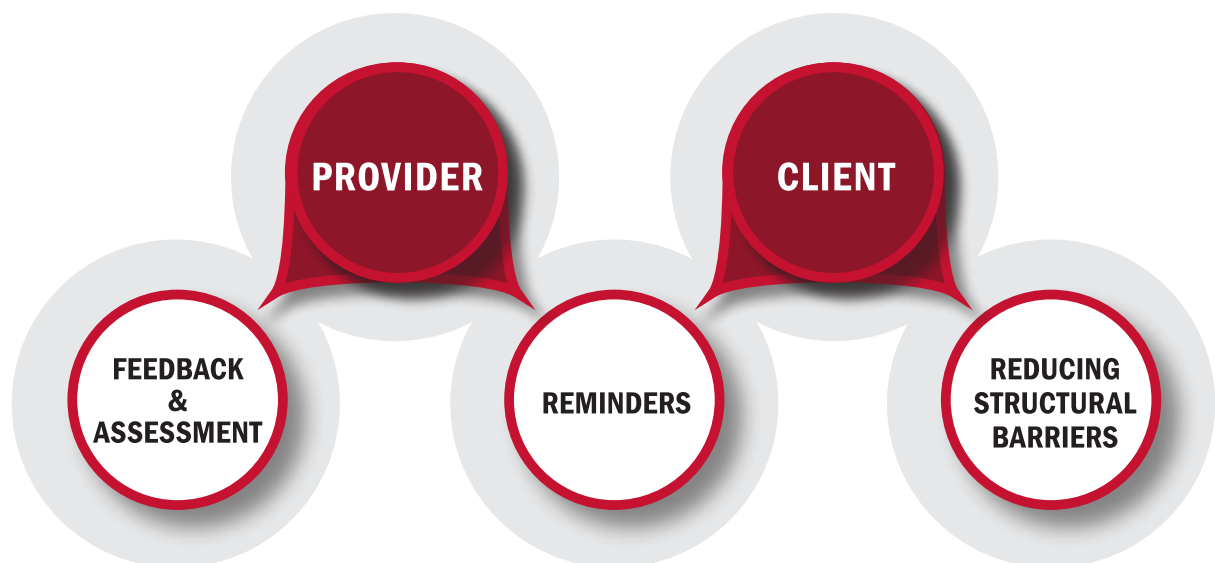


3. The Community Guide

The Community Guide provides strategies to improve health outcomes by providing evidence-based interventions (EBIs) for breast, cervical, and colorectal cancer screenings. Issued by the Community Preventive Services Task Force (CPSTF), these interventions are recommended on the basis of systematic reviews of effectiveness and economic evidence of what works to increase cancer screening rates. The recommended EBIs for increasing cancer screening rates are directed at both clinical providers (i.e. those referring, ordering, or administering the screening test) and clients (i.e. patients in need of screening tests). Figure 2 provides an overview of the priority strategies (provider reminders, provider assessment and feedback, client reminders, and reducing structural barriers).

Figure 2

Overview of Priority Cancer Interventions from the Community Guide



3. THE COMMUNITY GUIDE

A brief description of each EBI is below, including the screening guidelines for each strategy (summarized in Table 4). Not all the screening guidelines are listed for each strategy. This means there is not enough evidence to determine whether the intervention strategy is effective. This does not mean the intervention strategy does not work; there is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy’s effectiveness. Programs can use interventions with insufficient evidence if they can rigorously evaluate them and publish the findings.

To stay up to date on the current recommendations found in The Community Guide, visit <https://www.thecommunityguide.org/>.

The next section contains a more in-depth guide to implementing the EBIs in your Tribal clinic or program. See Appendix 3 for a one-page “at a glance” guide containing all of the EBIs.

Table 4

EBIs by Screening Test for Breast, Cervical, and Colorectal Cancers²⁷

	Breast Cancer (mammography)	Cervical Cancer (Pap test)	Colorectal Cancer (FOBT, flexible sigmoidoscopy, colonoscopy)
Provider Reminders	Recommended	Recommended	FOBT & flexible sigmoidoscopy only
Provider Assessment & Feedback	Recommended	Recommended	FOBT only
Client Reminders	Recommended	Recommended	FOBT only
Client Education	One-on-one and Group	One-on-one only	One-on-one (FOBT only)
Small Media	Recommended	Recommended	FOBT only
Reducing Structural Barriers	Recommended	Insufficient Evidence	FOBT only

²⁷ For current recommendations, visit <https://www.thecommunityguide.org>

Priority EBIs:

Provider Reminders

Provider reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The reminders can be provided in different ways, either electronically using an electronic health record (EHR) system or manually in a patient’s chart.

Provider reminders are recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT and flexible sigmoidoscopy only)

Provider assessment and feedback

Provider assessment and feedback interventions:

- Evaluate provider performance in delivering or offering screening to clients.
- Give providers information about their performance of screening services.

Provider assessment and feedback is recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only).

Client reminders

A client reminder can either be a written or telephone message advising an individual that they are due for a screening test.

Client reminders are recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only).

Reducing structural barriers

Structural barriers are burdens or obstacles that make it difficult for people to access cancer screening. This strategy implements interventions designed to reduce these barriers and facilitate access to cancer screening services.

Reducing structural barriers is recommended for: breast cancer (mammography) and colorectal cancer (FOBT only). Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer (Pap test).

Supporting Strategies:

Client education

Client education delivers information with the goal of informing, encouraging, and motivating to seek recommended screening. Client education can be delivered through the use of small media including videos and printed materials such as letters, brochures, and newsletters. Client education can occur in a one-on-one or group setting.

One-on-one education is recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only).

Group education is recommended for: breast cancer (mammography). Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer (Pap test) and colorectal cancer (FOBT, flexible sigmoidoscopy, and colonoscopy).

The use of small media is recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only).

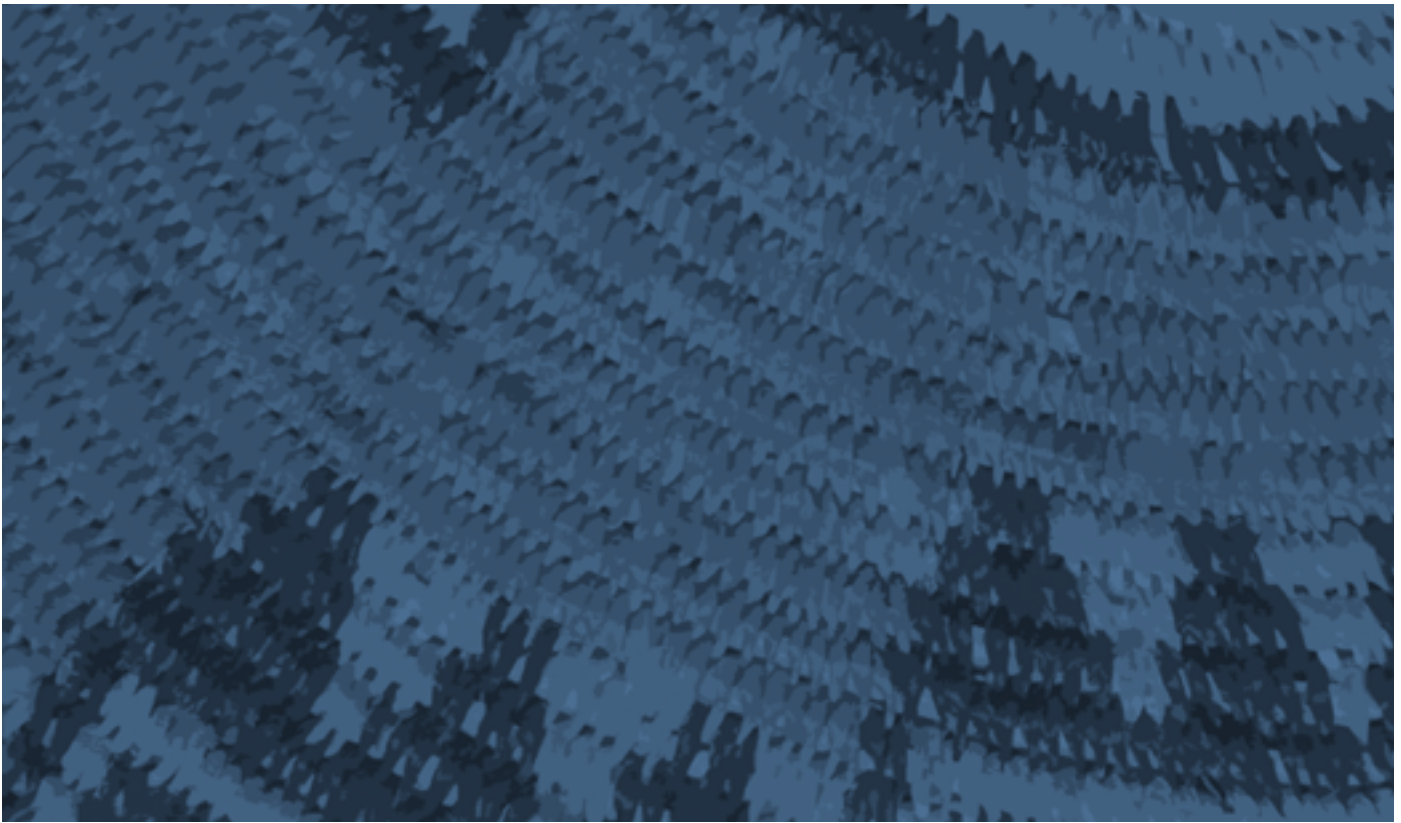


Photo of Tségháhoodzání, the "Window Rock" in Window Rock, Arizona.

4. Implementing Evidence-Based Interventions in Your Clinic

These stand-alone implementation briefs provide an in-depth look at how to use the EBIs within your Tribal clinic or program. Each brief includes the following:

- **Key steps for implementing this evidence-based approach** — This is step-by-step guidance for how to use each strategy to enhance your cancer screening program.
- **Key staff for intervention implementation** — This section provides staffing recommendations for a quality screening program.
- **Resource needs** — This section outlines resources needed to successfully implement EBIs within your Tribal clinic or program.
- **Key considerations within a Tribal community** — This section highlights key considerations for implementing EBIs in a Tribal setting.
- **Highlights from funded Tribal programs** — Using information gathered from the experience of NBCCEDP and CRCCP Tribal recipients site visits, this section highlights some of the successful EBIs implementations occurring across Indian Country.

4.1 Provider Reminders

Provider reminder and recall systems are evidence-based interventions to increase screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT and flexible sigmoidoscopy). Reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall"). The goal of provider reminders is to increase delivery of appropriate cancer screening services by healthcare providers.

- Provider reminders generally work for a broad range of client populations, including clients who have never been screened or who have seldom been screened.

- This intervention is best for clients accessing health care, at least occasionally. It may not be the best approach to use in communities with limited access to health care or among groups who underuse healthcare services.

Key steps for implementing this evidence-based approach

1. Decide which type of provider reminder will be used (e.g. electronic versus manual) and how this will be generated.
2. Identify patients due for screening test.

4.1 Provider Reminders Continued

3. Alert providers of patients identified that need a screening test. This can be done by:
 - a. Manually flagging patient charts by:
 - i. Placing a sticker in the chart
 - ii. Attaching to or placing a laminated reminder in chart or on the door
 - b. Ensuring electronic reminder in EHR system is programmed to alert provider during the visit of needed screening tests
 - c. Attaching a checklist to patient chart at time of appointment
 - d. Giving patient a wallet-size card with guidelines for screening tests; patient shows provider the card each visit as a reminder to order tests according to guidelines
4. Include complete list of screening tests offered at your site and what tests need to be referred elsewhere
5. Include condensed screening recommendations
6. Monitor provider performance on their response to provider reminders
 - a. After each visit, determine whether a screening test was completed or a provider referral made. Why or why not?
 - i. Reassess workflows
 - ii. Adjust for what works in each clinic/health system

- Providers who see patients
 - » Physician’s assistant, nurse practitioner, general practice physician

Resource needs

- Registry or database of eligible patients
- Laptops or tablets for provider use during patient appointments, if using electronic reminders
- Partnerships
 - » Internal – across and within clinics, such as billing or claims areas, radiology, information technology departments
 - » External – to access registries or other external databases of patients; laboratories
- Educational materials related to screenings ready to provide to patients
- Physical chart indicators of need for screening
 - » Stickers
 - » Laminated bookmarks
 - » Checklists
- Ways to capture number of tests ordered and performed by provider
 - » Tracked within EHR
 - » Tracked using triplicate forms
- Training for staff on use of reminders

Key staff for intervention implementation

- Staff to identify patients eligible for screening
 - » Data manager, nurse case manager, outreach specialist
- Administrative support
 - » Front desk receptionist, file clerk
- Staff to develop provider reminder system (manual or electronic)
 - » Data manager, nurse case manager

Key considerations within a Tribal community

- Administrative burden and lack of information technology infrastructure are potential barriers to provider reminder use.
 - » If EHR systems are unavailable or unreliable, manual provider reminders are a suitable and evidence-based method for alerting providers to screening tests that may be due for patients.

4.1 Provider Reminders Continued

- In addition to tracking ordered and completed tests, Tribal clinics may find it useful to track missed appointments to determine whether additional patient side interventions need to be implemented or modified.
- Staffing requirements may be a barrier to provider reminders.
 - » If provider or staff turnover is an issue, training on use of provider reminders should be included in mandatory orientation for new providers and staff.
 - » Cross train staff to perform multiple functions.

Highlights from funded Tribal programs

- The Native American Rehabilitation Association (NARA) Breast and Cervical Cancer Program (BCCP) uses manual reminders to notify providers of patients who are due for cancer screenings. This involves staff conducting daily chart audits of scheduled patient appointments and subsequently placing laminated pink bookmarks in patients' chart for women due for a mammogram or women's exam (PAP). The provider then knows to place an order or referral for cervical or breast cancer screening, which is tracked using triplicate forms.
- An important part of implementing Provider Reminders is tracking the number of orders and referrals for cancer screening tests. The Hopi Tribe Breast and Cervical Early Detection Program (BCCEDP) does this by generating reports on a monthly basis to audit the number of orders/referrals scheduled for screening tests and how many screening tests were actually completed.
- At Arctic Slope NBCCEDP, the traveling nurse practitioner is responsible for performing all Pap tests performed in the surrounding villages outside Barrow, AK. Since internet connectivity is not always reliable in the remote areas of the Arctic Slope region, a Microsoft Excel spreadsheet allows for tracking women due and completed Pap tests in the surrounding villages.

4.2 Provider Assessment & Feedback

Provider assessment and feedback interventions are evidence-based strategies to increase screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only). Provider assessment and feedback interventions do both of the following:

Assessment — This strategy involves evaluating provider performance in delivering or offering screening to clients.

Feedback — This strategy involves presenting providers with information about their performance in providing screening services. Feedback may be done on a group basis (e.g. average performance for a group

of providers) or on an individual basis with a single provider. Both group and individual performance may be compared with a goal or standard.

Key steps for implementing this evidence-based approach

1. Identify patients who are due or overdue for a screening test
2. Hold an orientation or introductory training session for providers involved in recommending or delivering screening tests

4.2 Provider Assessment & Feedback Continued

3. Track provider performance for all providers involved in offering or delivering mammograms, Pap tests, and FOBT
 - a. This includes cross-referencing patients coming in who are due for these screenings and whether or not they were offered or received the screenings
 - b. Develop reports for individual providers used in individual feedback sessions
4. Develop comparison sheet of individual with groups (anonymous)
5. Develop aggregate group reports of important screening tests, past performance, and targeted performance
6. Deliver feedback
 - a. Describe the performance of an individual provider or a group of providers (e.g. average performance for a practice)
 - b. Compare the performance of individual providers within or between practices. Only the individual provider sees their own performance
 - c. In person, in print, or both generated by computer or manually
 - d. To individuals, group, or both
 - e. For 30-120 minutes depending on context for delivery; including lunch or snacks is recommended for group sessions
 - f. Once or on a regular basis over period of evaluation
7. Provide technical assistance
 - a. Periodic discussions of individual results and print comparison of individual with group
 - b. Training

Key staff for intervention implementation

- Staff to identify patients eligible for screening
 - » Data manager, nurse case manager, outreach specialist
- Administrative staff who audit physician actions and prepare summaries
 - » Front desk receptionist, file clerk, IT staff, billing or records department
- Providers who see patients
 - » Physician's assistant, nurse practitioner, general practice physician
- Staff to deliver orientation for providers on assessment and feedback system
 - » Clinic director, office manager
- Staff to deliver feedback
 - » Medical director, clinic director

Resource needs

- Electronic health records
- A job aid with practice guidelines, choices for action
- Chart prompts and stickers (See *Provider Reminders*)

Key considerations within a Tribal community

- If EHR systems are unavailable or unreliable, manual systems for tracking may be developed using triplicate forms and/or Microsoft Excel spreadsheets.
- Competition and publishing competitor screening rates may not be considered culturally appropriate in all Tribal clinics. In this case, provider performance may be assessed overall and delivered as a group to providers.

4.2 Provider Assessment & Feedback Continued

Highlights from funded Tribal programs

- To assist in provider feedback, the Hopi BCCEDP conduct staff debriefings after every mobile mammography and specialty Pap tests clinic.
- The South Puget Intertribal Planning Agency (SPIPA) Native Women’s Wellness Program holds quarterly provider roundtable meetings within each of their five IHS-direct service clinics. These roundtable meetings involve the clinic director, providers, and SPIPA staff, allowing for an opportunity to give providers feedback in addition to assessing their satisfaction with offering and delivering cancer screening services.
- At Kaw Nation’s Women’s Health Program, patients are given patient satisfaction surveys after every breast and cervical screening test. In addition to providing valuable feedback on providers’ services, the survey also asks what prompted the patient to schedule an appointment (for example through a client reminder or from client education outreach, or because a provider recommended it).

4.3 Client Reminders

Sending client reminders to patients is an evidence-based strategy to increase screening rates for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only). A client reminder can either be a written or telephone message advising an individual that they are due for a screening test. Client reminders may include:

- Written messages such as letter, postcard, or email
- Telephone messages left by a person or automated service

Initial reminders had more effect in women with previous screening who needed a prompt to action.

Initial client reminders may be enhanced by a follow-up reminder in print or by telephone, which may have one or more of the following:

- No additional information
- Additional information about indications for, benefits of, and ways to overcome barriers to screening
- Assistance in scheduling appointments

In addition, the initial or follow-up reminder can be untailed or tailed.

- Untailed reminders are developed for the overall target population
- Tailed reminders are related to the outcome of interest but developed for one specific person, based on characteristics unique to that person derived from an individual assessment

Key steps for implementing this evidence-based approach

1. Identify patients who are due or overdue for a screening test
2. Decide which type of client reminders will be used (written, telephone, or both)

4.3 Client Reminders Continued

3. Remind patient they are in need of a screening test
 - a. Invite client to be screened through postcard or letter
 - i. (COLORECTAL ONLY) Possibly include an FOBT/FIT kit with instructions
 - b. Invite client to be screened by using an automated call system or calling in-person
4. (OPTIONAL) Remind patient again after a specific time period, for example at 3 days, 7-10 days, 2 weeks, 1 month, 90 days, one year, or a combination thereof after the first reminder.
5. (OPTIONAL) For print follow-up reminders, include:
 - a. A brochure, leaflet, pamphlet, booklet, or screening guideline fact sheet, even sticker reminders for client to use
 - b. A phone number for person who can schedule appointment
 - c. (COLORECTAL ONLY) Another FOBT/FIT kit
6. (OPTIONAL) For telephone reminders, include:
 - a. Invitation to schedule a personal counseling session on barriers to making an appointment
 - b. Personal counseling session on barriers to making an appointment
 - c. A phone number to schedule Pap and mammogram without physician referral
 - d. An offer to make appointment for client

7. Offer client reminders in combination with other intervention approaches, such as:
 - a. Reducing structural barriers by sending FOBT/FIT kits, scheduling appointments, or offering mobile mammography unit
 - b. One-on-one education in person counseling on barriers
 - c. Provider reminders, such as a letter in chart, until test is ordered by provider

Who does this intervention work best for?

- For women who have not been screened previously, motivational interviewing may be useful in identifying barriers and facilitators to obtaining screening. These results can be used to plan follow-up reminders.

Key staff for intervention implementation

- Staff to run reports generating the reminder list
 - » Data manager, nurse case manager, public health nurse, lab director
- Staff to draft and mail out letters
 - » Clinic scheduling department, outreach specialist, case manager



Photo of rocky coastline on a cloudy day in Sitka, Alaska.

4.3 Client Reminders Continued

- Staff to draft telephone scripts and conduct phone reminders
 - » Outreach specialist, case manager
- Administrative staff to assist in scheduling patient appointments
 - » Front desk receptionist, file clerk

Resource needs

- Partnerships
 - » Internal — Across and within clinics, such as billing or claims departments, radiology department, and Information Technology departments
 - » External — to access registries or other external database for eligible women; laboratories; community health representatives (CHRs)/community health aide practitioners (CHAPs), volunteers, academic partners
- Letters and/or postcards (written reminders)
- Postage to mail written reminders
- Brochures, leaflets, pamphlets, booklets, or screening guideline fact sheets to mail with written reminders

Key considerations within a Tribal community

- Basic infrastructure, staffing, and computer support is needed to identify patients due for screening and deliver reminders efficiently. Access to computerized tracking and databases may be needed.
- For smaller Tribal communities, ‘house visit’ reminders may be a useful way to update patient phone numbers and addresses.

- Telephone reminders may be useful leading up to a mobile mammography clinic, for new patients, the day before a patient’s scheduled appointment, or if there is limited funding for postage.
- Client reminder letters may be tailored to the Tribal community. Variations include:
 - » Providing contact information for patient to call and schedule the screening appointment
 - » Setting a pre-scheduled screening appointment for patient
 - » Including a “when is the best time to call” option for patients to fill out and mail in, allowing case managers to follow up in scheduling screening appointments
 - » Having the reminder letter signed by the provider (or Medical Director) to help encourage patients to set up an appointment
- To measure the effectiveness of reminder letters, Tribal clinics may choose to provide a form for patients at the screening appointment asking “how did you hear about us?” to assess why the patient came in.
- For some Tribal communities, patient phone numbers may not be up to date due to the use of ‘pay as you go’ phones.
- Clinics may serve populations comprised of people who speak different languages. Written and telephone reminders as well as any accompanying materials must take that into consideration.

4.3 Client Reminders Continued

Highlights from funded Tribal programs

- One month prior to their mobile mammography clinics, The Navajo Nation Breast and Cervical Cancer Program (BCCP) sends out client reminder letters notifying women they are due for a mammogram and that they have an opportunity to schedule an appointment for the upcoming clinic. Follow up letters are then sent two weeks later. Courtesy reminder calls are also conducted the week before the mobile mammography clinic and are offered in the Native Diné language, if needed.
- While some programs track responses to client reminders, the Cherokee Nation Breast and Cervical Early Detection Program finds it equally important to track no show rates for breast and cervical cancer screening appointments. Missed appointments present a challenge for many of the programs. In addition to sending a reminder letter for scheduled screening test appointments, the Cheyenne River Sioux Tribe (CRST) Women’s Health Program calls patients the day before and morning of screening appointments. Other programs with high ‘no show’ rates have found it beneficial to offer ‘opportunistic’ or same day screening tests for patients visiting the clinic for unrelated appointments.
- The Southcentral Foundation (SCF) Breast and Cervical Health Program has found that patients respond more positively (and schedule screening appointments) to client reminder letters when they are signed by a provider.



Photo of Canyon de Chelly National Monument, Arizona.

4.4 Reducing Structural Barriers

Reducing structural barriers is an evidence-based strategy to increase screening for breast cancer (mammography) and colorectal cancer (FOBT only). Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer (Pap test). Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by:

- Reducing time or distance between service delivery settings and target populations
- Modifying hours of service to meet client needs
- Offering services in alternative or non-clinical settings (e.g. mobile mammography vans at worksites or in residential communities)
- Eliminating or simplifying administrative procedures and addressing other obstacles (e.g. scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits needed)

Key steps for utilizing this evidence-based approach

1. Structural barriers are unique to each Tribal clinic population. Decide which ones are necessary to improve patient access to cancer screening tests. Patient surveys can be administered to determine structural barriers to accessing screening tests.
 - a. Clinic hours — Extending appointment hours for screening tests. This can either be accomplished by offering evening appointments or holding a clinic on a Saturday. Extended hours may be weekly, monthly, or quarterly depending upon need.
 - b. Transportation — Providing transportation via van or taxi for individuals needing screening.
 - c. Availability of screening tests in non-clinical settings — Providing an alternate place for screening such as a mobile mammography

- unit. This may be especially helpful in Tribal clinics with no mammography machine onsite.
- d. Revising a clinical protocol and computer system to require fewer steps from initial appointment to screening appointment.
- e. Patient assistance – This can be accomplished by providing patient navigators who:
 - i. Assist appointment making by phone, letter, or in-person.
 - ii. Inform and educate about what would happen during the test, where it would be held, and what the individual needed to do to prepare for having the test.
- f. (COLORECTAL ONLY) Mailing FOBT kit and return envelope with postage paid to those who needed the test.
- g. Dependent care — Providing staff onsite to care for young children during screening tests.

2. Establish a protocol for offering each type of assistance.
3. Educate staff (e.g. administrative, providers, nurses, navigators)
4. Inform those who are due for screening of the services available
 - a. Include this information in client reminders

Key staff for intervention implementation

- Staff to identify eligible individuals for screening
 - » Data manager, nurse case manager, public health nurse, lab director
- Clinical staff to provide screening tests during extended hours (e.g. evenings or Saturdays)
 - » Nurse practitioner, physician assistant, family physician
- Staff to assist patients in scheduling appointments, providing patient education
 - » Health educators, outreach specialists, case managers, patient navigators

4.4 Reducing Structural Barriers Continued

- Staff to provide transportation, childcare, or other assistance for patients
 - » Patient navigators, CHRs/CHAPs

to patient navigator or other person that can help schedule appointment, or contain a prescheduled appointment.

Resource needs

- Partnerships
- Internal — Across and within clinics, with providers (primary care and specialists) to hold extended hour appointments; with IT departments, billing departments, medical directors, office managers, and front desk staff to reduce scheduling burden
- External — With mobile mammography contractor; transportation services within community, e.g. senior vans and Tribal drivers; CHRs/CHAPs, patient navigators (if not employed by Tribal clinic); community-based organizations to get the word out
- Paper and postage for letters inviting individual to screening appointment; letter may refer

- Available, accessible, and audience-relevant educational materials about the test and its role in early detection of cancer.
- Mobile mammography units or transportation to screening site.

Key considerations within a Tribal community

- Holding extended hour appointments (evenings and Saturdays) may be difficult for IHS-direct clinics due to provider payment systems.
- Patient navigators can help address individual patient apprehension towards screening tests through one-on-one education.
- Materials and other communications may be needed in multiple languages.

Highlights from funded Tribal programs

- Mobile mammography clinics have been a crucial component of both the Southeast Alaska Regional Health Consortium (SEARHC) and Yukon Kuskokwim Health Corporation (YKHC) breast and cervical cancer programs due to their extremely remote and rural communities in Alaska. Since the Tribal villages are not accessible by road, the mobile mammography units have to travel by alternative means. In the case of SEARHC, the mobile mammography unit travels using the ferry system in southeastern Alaska and requires extensive planning ahead of time to sign women up for appointments and to coordinate with the ferry schedule. In the case of YKHC, Tribal villages are not accessible by road or ferry, so the mobile mammography unit must be air freighted in. This also requires extensive pre-planning and outreach to ensure as many women as possible take advantage of the mobile mammography visit.
- The NARA BCCP offers quarterly Saturday breast and cervical cancer screening clinics with the hours of 7:30am to 5:00pm. This is done in coordination with other chronic disease programs, such as the NARA Diabetes Treatment & Prevention Program. Patients gather in the lobby of the health clinic for health education, talking, sharing and a craft activity. They complete a pap smear, complete breast exam and a mammogram. NARA also offers evening screening appointments (until 7:30 pm) three times a week, taking the additional step of making sure a female provider is available to conduct the screenings.
- Offering evening screening appointments does not have to be done on a weekly basis. Instead, the women's wellness clinic at Cheyenne River Sioux Tribe (CRST) is open until 8:00 pm every 3rd Wednesday.

4.5 Client Education (supporting strategy only)

One-on-one education is an evidence-based strategy to increase screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only). One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening.

Group education is an evidence-based strategy to increase screening for breast cancer (mammography) only. Group education conveys information consistent with that shared during one-on-one education but is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format. This type of education often incorporates role modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles including health-care workers or other health professionals, lay health advisors, or volunteers. The education sessions can be conducted by telephone or in person in medical, community, worksite, or household settings.

The use of **small media** is an evidence-based strategy to increase screening rates for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only). Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

Key steps for implementing this evidence-based approach

1. Determine what materials are already available that can be modified to meet the needs of your patients and program.
2. Create additional culturally-tailored materials as needed for your patient population.

- a. Appendices 5 and 6 contain examples of printed materials and blank templates that are available for use.
3. Make sure materials are free, available in print, accessible at an appropriate reading level and are translated into any Native languages written in the community (if necessary). Guidance on creating easy-to-understand materials can be found at https://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf
4. Decide where to disseminate printed material. Suggested methods include:
 - a. Clinic waiting rooms
 - b. Mailing with client reminders for screening tests
 - c. Have key staff hand out to patients when conducting one-on-one and group education on screening tests
 - i. One-on-one education may occur during patient appointments, patient navigator appointments, or when scheduling screening test appointments.
 - ii. Group education settings may include during mobile clinics or community events such as pow-wows or health fairs (see Section 5.1 for more information on health fairs).
5. Review printed materials on a regular basis (e.g. every six months or annually). This helps to ensure materials remain appropriate for patient population and that cancer screening guidelines are up to date.

Key staff for intervention implementation

- Staff to draft, create, and review appropriateness of printed material
 - » Health educators, outreach specialists, marketing staff, case managers
- Staff to disseminate printed material
 - » Health educators, outreach specialists, case managers, clinical providers, patient

4.5 Client Education (supporting strategy only) Continued

navigators, administrative staff mailing
client reminders

- Staff to deliver one-on-one and group education
 - » Providers, patient navigators, CHR/CHAPs, health educators, and outreach specialists

- Printing costs will be directly associated with dissemination of the material.

- Postage may be required if mailing materials directly to patients.

Resource needs

- Partnerships
 - » Internal — Across and within clinics to display materials within clinic waiting rooms and to ensure provider dissemination during patient appointments, with marketing/PR department to develop materials, if needed.
 - » External — With CHR/CHAPs to help in disseminating material, other Tribal organizations to share culturally relevant printed materials. This intervention requires creating or obtaining brochures, leaflets, pamphlets, booklets, or screening guideline fact sheets.

Key considerations within a Tribal community

- It is important to provide printed material that is culturally appropriate to the Tribal community. This includes ensuring all printed materials are translated into any written languages used within the community.
- Internal marketing departments within the Tribal clinic and/or Tribal health department can help in creating culturally relevant and tailored materials for your community. For clinics with no internal marketing department, please see Appendix 5 for examples of culturally appropriate materials that can be tailored to your population.

Highlights from funded Tribal programs

- The SCF Breast and Cervical Health Program relies on the help of the Alaska Native Tribal Health Consortium (ANTHC) Marketing and Communications Department to create culturally relevant materials for their AN population.
- During each Well Women's clinic, the Hopi Tribe BCCEDP provides each patient a document that they can read and learn about breast and cervical health. This is followed up with a short five-question quiz to assess how much they have learned from the document. In addition, the Health Educator attends both the Well Women's and mobile mammography clinics to give educational presentations on breast and cervical health to women in the waiting room. Hopi program staff also utilize these clinics to target another strategy, Provider Feedback and Assessment, by administering a patient satisfaction survey. This provides information on how to improve services in addition to giving feedback to providers about their service.

5. Additional Lessons Learned from Tribal Programs

This section highlights NBCCEDP Tribal Awardees that share their best practices for the holistic integration of other prevention programs that benefit their patients. A case study for one CRCCP Tribal program is also included.

Program Integration

The Southeast Alaska Regional Health Consortium (SEARHC) BCCEDP has made linkages with two additional programs at SEARHC, the CDC-funded WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program and IHS-funded Special Diabetes Program for Indians (SDPI). The WISEWOMAN program works with low-income, uninsured and under-insured women, a population shared with the BCCEDP. SEARHC has made an effort to take a holistic approach wherein recipients of the programs experience them as integrated, preventive programs. For example, this may mean that BCCEDP pays to fly women into clinics for cancer screening, but then utilizes SDPI funding for diabetes and pre-diabetes services. They also promote integration during mobile mammography clinics with WISEWOMAN/Women's Health staff by holding WISEWOMAN events during evening hours (community fitness walks, community education talk on stress control, etc.) as well as enrolling/coaching/following up with WISEWOMAN participants when they present for mobile mammography. Furthermore, there is cross-referral between programs and patient navigators are also paid 50/50 by WISEWOMAN and NBCCEDP.

Dealing with Provider Turnover

High provider turnover is an issue facing many Tribal clinics and can pose a barrier to successful cancer screening program implementation. To help alleviate the effects of provider turnover, Kaw Nation BCCEDP has a pink, laminated card placed at clinics' reception so that staff, regardless of how new they may be, are aware of the key Breast and Cervical Cancer

Screening Program requirements. This helps to inform staff who may have not yet had a formal introduction to the program.

Dealing with Missed Screening Appointments

Another common issue facing many Tribal clinics is the incidence of missed screening appointments or high "no-show" rates. Missed screening appointments can be a financial burden to the clinic and potentially affect patient care as staff time is not used efficiently. They also have a damaging effect on efforts to improve cancer screening rates. To ameliorate the effects missed screening appointments may have on screening rates, CRST BCCEDP practices opportunistic screenings. This means that if a patient is in the clinic for a particular reason, program staff assess to see if the patient is due and, while they are there, the patient is offered additional screening tests that are due. Opportunistic screenings can bypass scheduling appointments, minimizing the risk for missed appointments.

Health Fairs

Health fairs are community events where organizations come together to disseminate health information with the public and/or to provide health screenings. These community events often offer education on various health topics and are hosted by both health professionals and lay people. While they are a popular method for conducting community-based health promotion activities and offering health education, the evidence-base behind them is limited. However, health fairs can

5. ADDITIONAL LESSONS LEARNED FROM TRIBAL PROGRAMS

be an evidence-based activity when screening tests are performed onsite or onsite scheduling of screening test appointments occur. Encounters which result in screening should be documented.

For Tribal communities, health fairs can be a critical community engagement opportunity to implement EBIs such as one-on-one education or touchpoints to coordinate group education. This includes building capacity for communities to provide education engagement with hard to reach populations. In addition to providing women with educational materials, health fairs can be an opportunity to publicize available services through culturally relevant methods. For example, Southcentral

Foundation NBCCED frequently holds ‘beading circles’ at various health fairs. These beading circles are an opportunity for women to work on a beading project while also learning information about breast cancer and mammograms, typically from a breast cancer survivor. The goal is to create a welcoming environment so that women want to learn more about mammograms and have a safe place for asking questions.

For further steps on planning a health fair within your community, visit <https://www.cdc.gov/women/healthfair/index.htm>.

5.1 Colorectal Cancer Case Study

Case Study: Great Plains Tribal Chairman’s Health Board and Patient Education

The Great Plains Tribal Chairman’s Health Board (GPTCHB) serves 20 facilities and 17 Tribes in South Dakota, North Dakota, Nebraska, and Iowa. Their cancer screening work focused on colorectal cancer, however they were notified during summer 2017 that they were awarded NBCCEDP funding to expand breast and cervical cancer screening initiatives.

Patient education is an excellent example of the Community Guide work occurring at GPTCHB. Most patient education occurs on a one-on-one basis at GPTCHB and is typically presented by CHRs, patient navigators, subawardees including public health nursing providers, and even community champions (patients). However, they are exploring expanding their group education by using health educators and webinars and have already partnered with state health departments and with the American Cancer Society.



Photo of inflatable colon entrance tunnel to a health fair.

Health fairs are used as opportunities to provide onsite screenings and schedule screening appointments. For onsite screenings, GPTCHB uses “poop on demand” testing to obtain and analyze stool samples. Their FluFIT program also provides Fecal Immunochemical Test (FIT) lab work to eligible patients who are receiving influenza vaccines. These tests can be used at home and mailed back for testing. The Rollin Colon, pictured, is an inflatable, walk-through colon also used at health fairs to educate patients in a hands-on way, attract interest and curiosity, and reduce squeamishness about the topic.

GPTCHB provides pre- and post-tests for patients participating in Rollin Colon activities to evaluate the effectiveness of this form of patient education.

To teach patients about colon cancer and the importance of cancer screening, GPTCHB also distributes small media including fact sheets, posters, brochures, infographics, and social media posts. Some materials are mailed to facilities for distribution, and radio ads and videos on Good Health TV are played on televisions in waiting rooms at IHS facilities. To ensure that materials are up to date, GPTCHB reviews the materials annually and revises as needed. They also work with their communications department to ensure that materials are culturally and linguistically appropriate.

5.1 Colorectal Cancer Case Study Continued



Rollin Colon Pre-Test

FOR INTERNAL USE ONLY

Event date: _____ Event location: _____

1. What is your age?

- Under 40
- 40 to 49
- 50 to 75
- 76 or older

2. What is your gender?

- Female
- Male
- Other

3. Does colorectal cancer always have symptoms you can feel?

- Yes
- No

4. Does removing a polyp from your colon help to prevent cancer?

- Yes
- No

5. If you have a family member with colorectal cancer, are you at a higher risk of having it too?

- Yes
- No

6. At what age should a person have their first screening for colorectal cancer?

- 40
- 50
- 65

7. Which test screens for colorectal cancer?

- Fecal Occult Blood Test (FOBT)
- Mammogram
- Prostate Specific Antigen (PSA)

8. Have you been screened for colorectal cancer?

- Yes
- No
- Not sure

Pre-test used during Rollin Colon patient education encounters.

5.1 Colorectal Cancer Case Study Continued

Patient Education

Facts and Talking Points to Use with Patients

- 2nd leading cause of colorectal cancer death for the Great Plains Tribes
- 3rd most common cancer among the Great Plains Tribes
- Colorectal cancer is often preventable with the proper screening
- Early detection and treatment saves lives
- 70% of people diagnosed with colorectal cancer have no symptoms
- There are more than 1 million colorectal cancer survivors in the United States
- Colorectal Cancer screening is recommended for adults 50 years and older

List of talking points used for providers educating patients at FluFIT.



Landscape photo of plain in South Dakota.

6. Summary – An Action Plan for Implementing Evidence-Based Interventions

Although breast, cervical, and colorectal cancers pose a threat to many Tribal communities, the burden of cancer mortality can be lessened through routine, high quality screening. The EBIs found in the Community Guide are recommended on the basis of systematic reviews of effectiveness and economic evidence to reveal what works to increase cancer screening rates. This toolkit provides an in-depth guide to develop an action plan and assist your program or clinic in implementing the EBIs. Use the steps below to help your program or clinic develop its action plan to implement the EBIs:²⁸

- **Identify a goal.** Work with the key decision makers within your program or clinic to set a goal. For example, the goal may be to increase the clinic's screening rates by a certain percentage. Or it could be to fully implement a reminder system for all health care providers.
- **Choose one to two EBIs to implement.** This should be a collaborative decision amongst program/clinic staff involved in cancer screening.

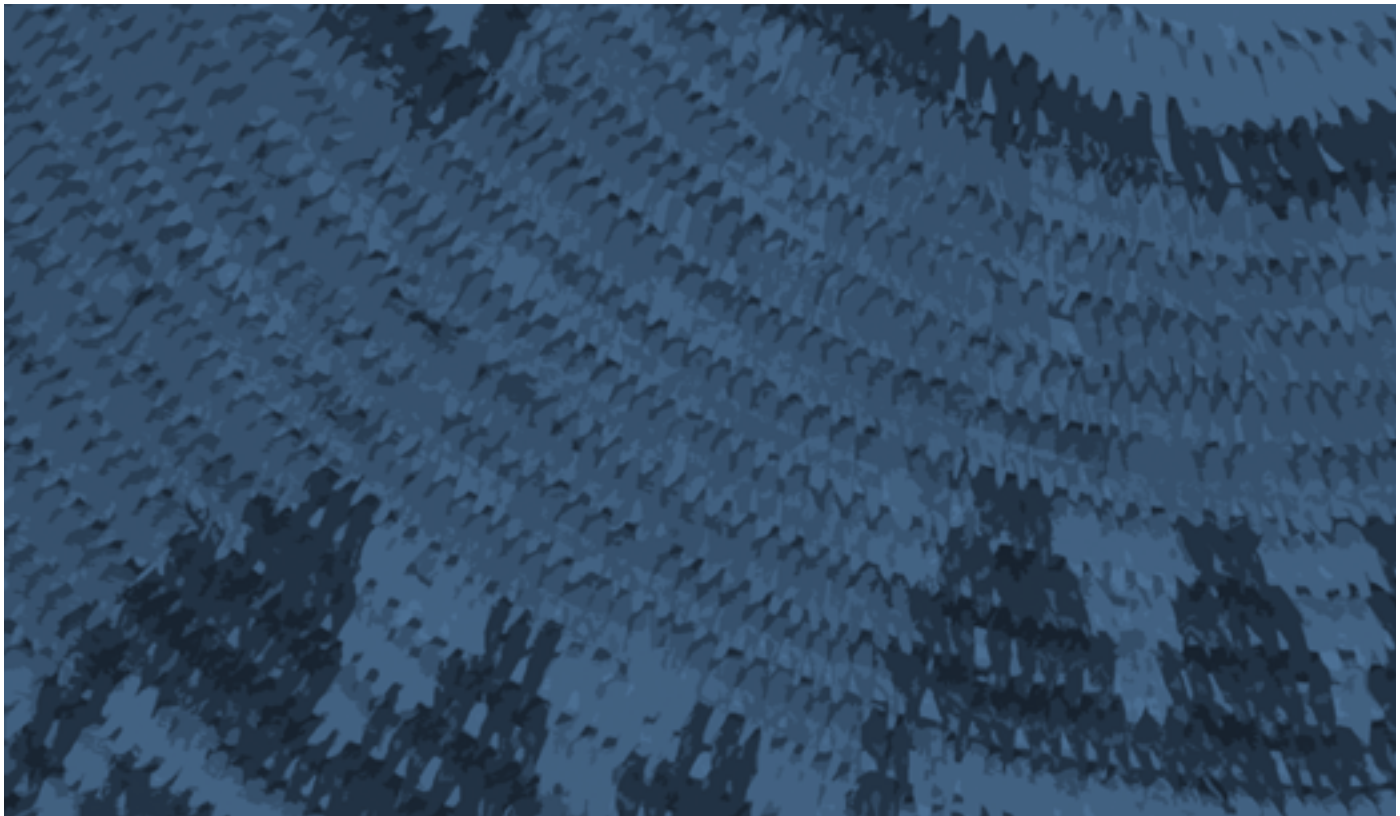
28 Adapted from CDC. (2013). *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems*. Atlanta: CDC, US Dept of Health and Human Services, pp 28-29.



6. SUMMARY – AN ACTION PLAN FOR IMPLEMENTING EVIDENCE-BASED INTERVENTIONS

- **For implementation, identify existing methods, policies, protocols, processes, and programs to build on.** This is a key element for success, as building on existing efforts requires fewer resources and you are more likely to succeed than if you try to create something from scratch. For example, if a patient reminder system is in place for other cancer screening tests (e.g. for colonoscopy), can a mammogram reminder be added?
- **Determine a plan for tracking progress.** This includes deciding what data will be collected, how these data will be collected, how often, what reporting methods you will use, and who will receive the resulting information.
- **Implement the action plan.** Use the *Plan Template* in Appendix 1 to identify the specific tasks needed, resources needs, and allocation of responsibilities to implement the strategy chosen. This includes implementing a policy/protocol for the chosen strategy, if one does not exist. Appendix 6 contains policy templates that can be adapted as needed. In addition, create a timeline to determine when tasks should be completed by. A key part of the action plan's success is to communicate often with your key stakeholders and program staff. Communicate individual responsibilities in addition to the project timeline.
- **Use the Assess Your Progress Work Sheet in Appendix 2 to track your activities.** All projects should have assessment components built in to assess progress and make changes if needed.

For more information and the latest updates on the CDC's federal programs for cancer prevention and control, visit <https://www.cdc.gov/cancer/dcpc/about/index.htm>



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Appendices

1. Implementation Plan Template

2. Assess Your Progress WorkSheet

3. At a Glance — the Community Guide

4. CDC Screen Out Cancer Page EBI Guides²⁹

- Provider Reminders
- Provider Feedback & Assessment
- Client Reminders
- Reducing Structural Barriers

5. Program Material Examples & Templates

- Provider Reminder Examples
 - » Manual
 - Hopi Tribe Breast and Cervical Early Detection Program — Tracking Documents
- Provider Assessment & Feedback
 - » South Puget Intertribal Planning Agency (SPIPA) Native Women’s Wellness Program — Patient Survey
 - » Hopi — Patient Survey
- Client Reminder
 - » Southcentral Foundation (SCF) Breast and Cervical Health Program
 - » Great Plains Tribal Chairmen’s Health Board (GPTCHB)
 - » Kaw Nation Women’s Health Program — Post card example
- Print Media
 - » Fact sheet
 - South Puget Intertribal Planning Agency (SPIPA) Native Women’s Wellness Program — HPV
 - » Brochure/Pamphlet
 - South Puget Intertribal Planning Agency (SPIPA) Native Women’s Wellness Program
 - Southcentral Foundation (SCF) Breast and Cervical Health Program
 - » Flyers
 - Southeast Alaska Regional Health Consortium (SEARHC) BCCEDP
 - Mobile Mamm advertisement
 - Southcentral Foundation (SCF) Breast and Cervical Health Program

6. Blank Templates

7. Additional Resources



Photo of whale bone arch in Utqiagvik, Alaska.

²⁹ Always cross-reference materials and templates with the USPSTF national recommendations for up-to-date screening guidelines.

Appendix 1: Implementation Plan Worksheet³⁰

[GRANTEE NAME] HEALTH SYSTEM EBI IMPLEMENTATION PLAN [DATE]

Health System Name		Implementation Period	
Health System Point of Contact		# of Clinics Participating in Implementation	

I. HEALTH SYSTEM ASSESSMENT

Health System Assessment Approach

Briefly describe the assessment approach used to define the current environment within the health system and needed interventions. (e.g., interviews with key staff, review of clinic and health system data).

Click here to enter text.

Current Health System Environment

Briefly describe the current health system environment: internal/external (e.g., number of primary care clinic sites, existing screening policy and procedures, current screening processes, workflow approach, data documentation, policy mandates from state or federal agencies, political climate, and organizational culture).

Description of Intervention Needs and Interventions Selected

Briefly describe the health system processes and practices that require intervention throughout the health system in order to increase breast and cervical cancer screening. Describe how selected interventions will be implemented in participating clinics. Note if there are differences by clinic.

Potential Barriers and/or Challenges

Briefly describe any anticipated potential barriers or challenges to implementation. Note if there are differences by clinic.

Implementation Resources Available

List or summarize the resources available to facilitate successful implementation (e.g., EHR system, clinic-based patient navigators). Note if there are differences by clinic. Will the program be using Patient Navigators or CHWs to support implementation of evidence-based interventions?

30 Adapted from CDC's NBCCEDP .

Appendix 1: Implementation Plan Worksheet Continued

II. HEALTH SYSTEMS EBI INTERVENTION DESCRIPTION

Objectives

List your program objectives for this health system partnership.

Examples:

1. *By December 2017, verify and report baseline breast and cervical cancer screening rates for individuals 50-74 (breast) and 21-65 (cervical) years of age at Health Systems Clinics: Clinic A, Clinic B, and Clinic C.*
2. *By December 2017, establish system for accurately reporting annual baseline breast and cervical cancer screening rates for individuals 40-75 (breast) and 21-75 (cervical) years of age at health system clinics: Clinic A, Clinic B, and Clinic C.*
3. *By December 2017, establish new policies at Health Systems Clinics: Clinic A, Clinic B, and Clinic C to support implementation of selected priority evidence-based interventions.*
4. *From February 2018 to February 2019, implement a provider assessment and feedback system in Clinics A and C, supported by enhanced EHR tickler system and training on quality breast and cervical cancer screening for participating providers in those clinics.*
5. *From February 2018 to February 2019, implement a client reminder system in Clinics B and C, supported by patient navigation for clients not responding to multiple reminders.*
6. *Beginning January 2018, annually report screening rates for Health Systems Clinics: Clinic A, Clinic B, and Clinic C.*

NBCCEDP Health Systems EBI Intervention Objectives for partnership with:
1.
2.
3.
4.
5.
6.

Appendix 1: Implementation Plan Worksheet Continued

III. PLANS FOR PARTNER COMMUNICATIONS, MANAGEMENT, AND MONITORING

Communications with Health System Partner

Briefly describe how you will maintain communications with the health system partner regarding implementation activities, monitoring, and evaluation.

Implementation Support

Briefly describe how you will provide on-going technical support to this health system partner to support implementation success. Include details about who will provide support and frequency of support.

Collection of Clinic Baseline and Annual Data

Briefly describe how you will collaborate with this health system to collect clinic baseline cancer screening rates and annual data.

Revising the Health System EBI Implementation Plan

Briefly describe how you will use feedback and monitoring and evaluation data to review and revise this Health System EBI Implementation Plan.

Retention and Sustainability

Briefly describe how you plan to (1) retain partners, (2) continue to collect annual screening and other data throughout the five year grant period, and (3) promote continued implementation, monitoring, and evaluation post-partnership.

Appendix 1: Implementation Plan Worksheet Continued

HEALTH SYSTEM EBI IMPLEMENTATION WORKSHEET

This worksheet assists in identifying, planning, and monitoring major tasks in implementing selected priority EBIs and supportive activities within the partner health system(s) and its clinics. Use this tool for oversight at the health system level. Staff at participating clinics may use this worksheet to guide implementation at their sites as well. Although the boxes in the worksheet will expand, entries should be meaningful and concise. See sample on the following page.

Major Task	Expected Outcome(s) of Task	Challenges and Solutions to Task Completion	Person(s) Responsible for Task	Due Date for Task	Information or Resources Needed

Appendix 1: Implementation Plan Worksheet Continued

HEALTH SYSTEM EBI IMPLEMENTATION WORKSHEET (SAMPLE FROM CDC'S NBCCEDP)

Major Task	Expected Outcome(s) of Task	Challenges and Solutions to Task Completion	Person(s) Responsible for Task	Due Date for Task	Information or Resources Needed
Validate the EHR breast and cervical cancer screening rate for each participating clinic using chart review	Accurate baseline clinic screening rate	Challenge: chart audit is costly, time-consuming; no dedicated staff Solution: hire consultant 20%-time to complete	Jackie Brown, Health System Quality Improvement Nurse and Chris Brock, Grantee Partner Data Manager with clinic contact	December 2017	Determine methodology (e.g., proportion of charts to review). Follow CDC guidance in "Guidance for Measuring Breast and Cervical Cancer Screening Rates in Health System Clinics."
For each participating clinic, develop and pilot policy change/protocol in support of selected priority EBI	Policy refined, communicated to staff, and integrated into daily operations and workflows	Challenge: integrating policy such that it is not time-consuming and cumbersome Solution: include staff in planning, vet policy changes, and pilot policy on small scale	Janie Panie, Health System Clinical Officer with clinic contact	February 2018	Policy template
Train clinic staff on selected EBIs	Staff knowledgeable of EBIs and how to implement	Challenge: time to complete training Solution: train during scheduled meeting times	George Lopez, Grantee Partner PD	January 2018	Curriculum
Orient clinic staff to new policy procedures	Staff roles clarified and workflow documented and communicated in staff	Challenge: time to complete training Solution: train during scheduled meeting times	Jackie Brown, Health System Quality Improvement Nurse	January 2018	Final policy
For each participating clinic, develop implementation monitoring process and document outcomes	Implementation monitored regularly, allowing for appropriate adaptations and course corrections	Challenge: staff time, expertise in evaluation limited Solution: recruit evaluator to assist with developing monitoring processes and outcomes	Janie Panie, Health System Clinical Officer Manager with clinic contact	February 2018-February 2019	Clinic-specific workflow outline
Conduct TA with clinics	Implementation according to policy and appropriate adaptations and course corrections	Challenge: Staff time Solution: provide multiple TA options for implementation support- (i.e., one-on-one, tele-conference, email, listservs)	George Lopez, Grantee Partner PD	February 2018-February 2019	TA plan

Appendix 2: Assess Your Progress Worksheet³¹

INSTRUCTIONS:

**Work with stakeholders and health systems to answer the following questions.
Use a separate work sheet for each system.**

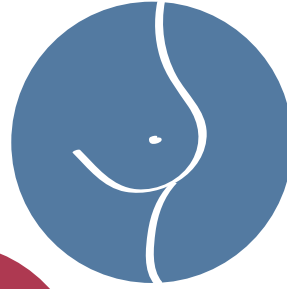
Assess Your Relationship with the Health System	Answers and Plans for Change
1. Has the action plan been completed? If not, why?	
2. Are you in contact with your health system champion regularly? How do you communicate (in person, by phone, by email)? Is your contact method effective?	
3. How are problems identified? What processes are in place to resolve these quickly and effectively?	
4. Do you have other questions or concerns?	

Assess the Health System's Efforts to Improve Cancer Screening Rates	Answers and Plans for Change
1. Have all specific tasks, timelines, and responsibilities been carried out?	
2. What types of relevant data are being collected and how?	
3. Does the system need to make adjustments? Have solutions been identified or carried out?	
4. Is information about progress and any needed adjustments being communicated to key stakeholders?	
5. Do you have other questions or concerns?	

³¹ Adapted from CDC. (2013). *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems*. Atlanta: CDC, US Dept of Health and Human Services, pp 28-29.

Appendix 3: At a Glance — The Community Guide

The Community Guide Strategies are evidenced-based interventions which are well-researched, proven strategies for what works to increase quality cancer screening.



Provider Reminders

Provider reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall") via electronic or manual flags.

Recommended for: mammography for breast cancer, Pap test for cervical cancer, and fecal occult blood test (FOBT) for colorectal cancer

Provider assessment and feedback

Provider assessment and feedback interventions evaluate provider performance in delivering or offering screening to clients (Assessment) and present providers with information about their performance in providing screening services on an individual or group basis (Feedback).

Recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancers (FOBT only)

Client reminders

Client reminders are written or telephone messages sent to patients advising that they are due for a screening test.

Recommended for: breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT only)

Reducing structural barriers

Reducing structural barriers involves reducing barriers or obstacles that make it difficult to access cancer screening services. Interventions include: reducing time or distance to service delivery, modifying hours of service, offering services in alternative settings, or providing scheduling assistance.

Recommended for: breast cancer (mammography) and colorectal cancers (FOBT only). Evidence is insufficient to determine the effectiveness of the intervention in increasing screening for cervical cancer (Pap test).

Client education using small media

Client education can occur in a one-on-one or group setting and delivers information about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. Client education can be supported using small media to inform and motivate people to be screened for cancer using printed materials such as letters, brochures, and newsletters.

Recommended for (One-on-One): breast cancer (mammography), cervical cancer (Pap test), and colorectal cancers (FOBT only)

Recommended for (Group): breast cancer (mammography)

Recommended for (Small Media): breast cancer (mammography), cervical cancer (Pap test), and colorectal cancers (FOBT only)



Evidence-Based Interventions to Increase Cancer Screening: PROVIDER REMINDERS

PROVIDERS NEED REMINDERS, TOO

Your clinic can develop systems to alert providers that patients are due for cancer screenings. This practice can increase screening and testing uptake by more than 7%.¹

PROVIDER REMINDER OPTIONS

- **Manual** — Flagging of medical charts using stickers or notations to highlight patients due for a cancer screening.
- **Electronic** — Some electronic health record systems can send screening alerts to providers based on criteria selected.



STEPS TO DEVELOP A PROVIDER REMINDER SYSTEM

- Gain provider and staff buy-in by including them in the planning and implementation process.
- Create a process with proper workflow to ensure:
 - Records are properly flagged.
 - Providers recommend appropriate screenings.
 - Screening tests are ordered.
 - Screening is completed or refused.
 - Refusal or results are documented.

CRITERIA THAT CAN BE USED TO DETERMINE WHICH RECORDS ARE FLAGGED

- Age.
- Sex.
- Date of last screening.
- Risk factors.
- United States Preventative Services Task Force screening guidelines.^{2,3,4}
- Upcoming appointments.



DON'T FORGET TO MONITOR AND ADJUST

- Establish a plan for regular evaluation and tweaking of the system.
- Make sure providers are receiving the reminders.
- Make sure providers are making the referrals or ordering the tests.
- Document and train on any changes in protocol.



Contact your ScreenOutCancer affiliated state, regional, tribal, or territorial cancer prevention program for partnership opportunities including technical assistance on implementing evidence-based interventions:
www.cdc.gov/cancer/nbccedp
www.cdc.gov/cancer/crccp

1 - Baron RC, Melillo S, Rimer BK, Coates RJ, Kerner J, Habarta N, Chattopadhyay S, Sabatino SA, Elder R, Leeks KJ; Task Force on Community Preventive Services. Intervention to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers a systematic review of provider reminders. *American Journal of Preventive Medicine* 2010;38(1):110-7. 2 - Final Update Summary: Colorectal Cancer: Screening. U.S. Preventive Services Task Force. June 2016. 3 - Final Update Summary: Cervical Cancer: Screening. U.S. Preventive Services Task Force. August 2018. 4 - Final Recommendation Statement: Breast Cancer: Screening. U.S. Preventive Services Task Force. May 2019.

Appendix 4: One Page Guides Continued



Evidence-Based Interventions to Increase Cancer Screening: PROVIDER ASSESSMENT

CONSTRUCTIVE PROVIDER FEEDBACK CAN BOOST CANCER SCREENINGS

Research shows that giving feedback to your providers can increase screenings by 13% for many cancers.¹ Take a close look at provider practices related to referring patients for screening. Provide constructive suggestions to increase appropriate conversations with patients and ordering of tests.



THE BASICS OF ASSESSMENT AND EVALUATION

- Decide how to assess current screening practices by examining individual providers or groups and comparing screening performance to national standards or clinic screening rates.
- Gather data through an electronic health record query, a chart review tool, or a pilot assessment.
- Provide feedback by presenting data in an easy-to-understand graphic or report, summarizing and analyzing results for the clinic as a whole and for individual providers.
- Use findings for improvement, including a written plan for screening rate increases and additional educational opportunities.

ENGAGING YOUR PROVIDERS IN THE PROCESS

An evaluation of how either a provider or a group of providers recommend and refer patients for screening can be a sensitive topic. Some ways to lay the groundwork for success:



- **GET BUY-IN AHEAD OF TIME:** Do an in-service session to remind providers of the health system's policies, including screening eligibility and applicable guidelines, and get input on the assessment and feedback approach. Emphasize the positives around increased appropriate screenings for patients.
- **MOTIVATE PROVIDERS:** Feedback collected during the assessment phase should be presented in a way that encourages providers to take ownership of improving their rates.
- **OFFER CHOICES:** Let providers and staff determine whether they want one-on-one or group feedback. But, only release name-identified results to a provider for the aggregate and for that specific provider, or for his or her clinic compared to others in the health system.
- **MAKE TIME:** Allow time for providers to learn and implement any new processes.
- **PROVIDE RESOURCES:** Find out from your providers what resources or training they need to improve their screening rates. Provider reminders, screening guideline refreshers, updates on new testing procedures, pocket guides, and key messages could be helpful to use with their patients.



THINK ABOUT...

- Identifying someone who will communicate with providers and staff, take ownership of the process, and encourage staff to buy in.
- Possible financial investments to upgrade electronic systems or pay for any needed training.
- Conducting a pilot assessment to see how the process works.
- How often the assessment and feedback should be conducted.
- Monitoring new activities over time and making adjustments as needed.
- Documenting improvements.



Contact your ScreenOutCancer affiliated state, regional, tribal, or territorial cancer prevention program for partnership opportunities including technical assistance on implementing evidence-based interventions:

www.cdc.gov/cancer/nbccedp

www.cdc.gov/cancer/crccp

Appendix 4: One Page Guides Continued



Evidence-Based Interventions to Increase Cancer Screening: CLIENT REMINDERS

REMINDERS INCREASE UPTAKE OF CANCER SCREENINGS

A gentle prompt can make the difference between getting a screening on the books or a delay in care.

Health systems can boost cancer screenings just by reminding clients that it's time to schedule a screening. Studies show that client reminders increased breast cancer screenings by 12%, and cervical and colorectal screenings by 10%.¹

To set up a written and/or telephone outreach system for clients who are due for a cancer screening, health care providers should consider their options and choose the ones best suited for the clinic and for the clients:

WRITTEN REMINDERS

- Letters.²
- Postcards.
- Email.
- Patient portal messages.



TELEPHONE MESSAGES

- Direct calls.³
- Text messages.
- Automated messages.⁴



Tailor reminders to your audience (see Colon Cancer Screening Communications Guidebook).⁵ Establish criteria for timing and outreach based on U.S. Preventive Services Task Force⁶ screening guidelines as well as:

- Age.
- Sex.
- Date of last screening.
- Active patient status.
- Risk factors.



STEPS TO DEVELOP A CLIENT REMINDER SYSTEM

- Increase buy-in from staff by seeking input through planning and implementation.
- Assess whether your electronic health record system can generate reports on screenings and link them to reminders. Upgrades may be needed.
- Develop the client reminder system and screening referral protocol.
- Develop messages.
- Identify staff who will generate and send client reminders.
- Integrate the reminder protocol into daily workflow.
- Provide training.
- Decide how patient responses will be documented and how to handle undeliverable reminders.

THINK ABOUT...

- Tailoring method of delivery and the message to your clients.
- Whether patient navigation to address patient barriers can enhance efforts.
- Looking into bulk mailing to decrease cost.
- Tracking undeliverable messages and updating the reminder lists.



DON'T FORGET TO MONITOR AND ADJUST

- Establish a plan for regular evaluation and tweaking of the system.
- Make sure patients were identified appropriately and reminders were generated successfully.
- Document and train on any changes in protocol.



Contact your ScreenOutCancer affiliated state, regional, tribal, or territorial cancer prevention program for partnership opportunities including technical assistance on implementing evidence-based interventions: www.cdc.gov/cancer/nbccedp and www.cdc.gov/cancer/crccp

1 - Sabatino SA, Lawrence B, Elder R, Mercer SL, Wilson KM, DeVinney B, Melillo S, Carvalho M, Taplin S, Bastani R, Rimer BK, Vernon SW, Melvin CL, Taylor V, Fernandez M, Glanz K; Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for the guide to community preventive services. *American Journal of Preventive Medicine* 2012;43(1):97-118. 2 - To see sample letter visit: rtips.cancer.gov/rtips/uploads/RTIPS/-=RT=-/WHE/DoHHS/NIH/NCI/DCCPS/7488.pdf. 3 - To see sample phone script visit: www.cancer.org/content/dam/cancer-org/cancer-control/en/worksheets/fobt-fit-follow-up-phone-script-average-risk-individuals.pdf. 4 - To see sample transcript of automated telephone message visit: rtips.cancer.gov/rtips/uploads/RTIPS/-=RT=-/WHE/DoHHS/NIH/NCI/DCCPS/6405.pdf. 5 - Colon Cancer Screening Communications Guidebook, visit: nccrt.org/resource/2017-80-2018-communications-guidebook-recommended-messaging-reach-unscreened. 6 - U.S. Preventive Services Task Force screening guidelines, visit: www.uspreventiveservicestaskforce.org/Page/Name/recommendations

Appendix 4: One Page Guides Continued



Evidence-Based Interventions to Increase Cancer Screening: REDUCING STRUCTURAL BARRIERS



OVERCOME OBSTACLES TO CANCER SCREENING

Interventions that remove barriers are proven to increase the number of people who get screened.

Reducing barriers increased breast cancer screenings by 18% and colorectal cancer screenings by 37%.¹

5 WAYS TO MAKE CANCER SCREENING EASIER FOR YOUR CLIENTS

- 1 TRANSPORTATION HELP:** Provide gas cards, bus passes, or taxi or ride-sharing service to clinics. Partner with local organizations that may provide transportation already.

 - **Think about:** Providing a range of options. Pursue low-cost strategies first to improve chances of sustainability.
- 2 FLEXIBLE HOURS:** Open clinics earlier, close later, and provide appointments during lunch hours for patient convenience.

 - **Think about:** Recruiting volunteers to staff extended clinic hours, rotating providers to reduce burnout, and providing funding for longer clinic hours.
- 3 MORE LOCATIONS:** Provide screening at worksites or through mobile mammography vans. Offer neighborhood pick-up locations for stool samples.

 - **Think about:** Developing new partnerships and new resources that may be needed.
- 4 SIMPLIFY PAPERWORK:** Eliminate unnecessary and confusing forms and provide scheduling help, translation services, and patient navigators.

 - **Think about:** Sharing translation staff with other departments or using language phone lines.
- 5 PATIENT NAVIGATION:** Provide support to help patients identify and overcome barriers to cancer screening.

 - **Think about:** Investing resources to operate a successful patient navigation system.

Appendix 4: One Page Guides Continued



HOW TO START?



Find out what your community needs by talking to your target audience and connecting with local organizations. Reserve resources for individuals who are facing the identified barrier. Use data to determine the level of need for the identified intervention.

Try a pilot project: Start out by implementing a small-scale change designed to boost cancer screenings, using limited resources. Observe and document the changes and tweak the strategy. Document costs to estimate funding to scale up.

SUSTAINABILITY IS KEY, SO IDENTIFY COST-SAVING OPPORTUNITIES, PARTNER WITH LOCAL GROUPS, AND MAKE SURE TO SECURE AND MAINTAIN SUPPORT FROM PUBLIC HEALTH AND COMMUNITY LEADERS.



Contact your ScreenOutCancer affiliated state, regional, tribal, or territorial cancer prevention program for partnership opportunities including technical assistance on implementing evidence-based interventions:

www.cdc.gov/cancer/nbccedp

www.cdc.gov/cancer/crccp

1 - Community Guide Systematic Review, visit: www.thecommunityguide.org/topic/cancer.

Appendix 5: Program Material Examples

Provider Reminder Examples:

1. Hopi Tribe Breast and Cervical Cancer Early Detection Program (BCEDP) Tracking Documents

Provider Assessment & Feedback:

2. South Puget Intertribal Planning Agency (SPIPA) Native Women's Wellness Program Patient Satisfaction Survey
3. Hopi Tribe BCEDP Well Women Survey

Client Reminder:

4. Southcentral Foundation (SCF) Breast and Cervical Health Program Client Reminder Letter
5. Kaw Nation Women's Health Program Post Card Reminder
6. Great Plains Tribal Chairmen's Health Board (GPTCHB) Post Card Reminder

Print Media:

- Fact sheet:
 7. American Indian Cancer Foundation (AICAF) Breast Cancer Infographic
 8. AICAF Cervical Cancer Infographic
- Brochure/Pamphlet:
 9. SPIPA Brochure
 10. AICAF Colorectal Cancer Infographic
- Flyer:
 11. Southeast Alaska Regional Health Consortium (SEARHC) BCEDP Mobile
 12. SCF Flyer

Landscape photo of stone constructed garden water hole in desert. On the Hopi Reservation, Arizona.



Appendix 5: Program Material Examples Continued

1. HOPI TRACKING DOCUMENT — CANCER SUPPORTIVE SERVICES, BREAST/CERVICAL CANCER SCREENING PROGRAM, APPOINTMENT SCHEDULING AND CLOSE OUT FORM. PAGE 1 OF 3



H.O.P.I. CANCER SUPPORTIVE SERVICES – BREAST/CERVICAL CANCER SCREENING PROGRAM

Appointment Scheduling and Close Out Form

Name: _____ DOB: _____

Patient scheduled for: WW CBE Mammo CBE/Mammo

_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____

Close out date: _____

Reason: Patient showed Patient non-compliant (DNKA's)
 Deceased Unable to locate (i.e.: moved, no longer at address provided)
 Patient will call program when ready to be scheduled
 Patient chooses to withdraw from program: reason (i.e.: getting services elsewhere, not interested, etc.): _____

Hopi BCCEDP Staff Member Name: _____

Appendix 5: Program Material Examples Continued

1. HOPI TRACKING DOCUMENT — WOMEN'S HEALTH PROGRAM, BREAST DIAGNOSTIC & TREATMENT FORM. PAGE 2 OF 3



H.O.P.I. WOMEN'S HEALTH PROGRAM Breast Diagnostic & Treatment Form (Case Management)

Provider: _____ IHS Chart #: _____

Patient Information

Last Name: _____ First Name: _____ M.I. _____ Social Security # _____ Birth Date: _____

Diagnostic Procedures

Instructions: Use the following codes to complete the table below for all diagnostic procedures that have been performed, refused, or are pending.

Status: 1 - Procedure Performed
2 - Procedure Pending
3 - Procedure Refused

Results: 1 - Within Normal Limits
2 - Abnormal
3 - Indeterminate

Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	

Diagnostic Disposition

Disposition of Diagnostic Procedure(s):

- Work Up Complete
- Work Up Pending
- Lost to Follow Up
- Reason: _____
- Diagnostic Work Up Refused

Date of Diagnostic Disposition: _____

Final Diagnosis:

- Cancer, Invasive
- Breast Cancer Not Diagnosed
- Lobular Carcinoma In Situ (LCIS)
- Ductal Carcinoma In Situ (DCIS)

Stage at Diagnosis:

- AJCC Stage I
- AJCC Stage II
- AJCC Stage III
- AJCC Stage IV
- Summary Local
- Summary Distant
- Unknown

Tumor Size:

- 0 <= 1 cm
- >.1 <= 2 cm
- >2 <= 5 cm
- > 5 cm
- Unknown

Treatment Disposition

Complete This Section Only If Client Is Diagnosed With Breast Cancer

Disposition of Treatment:

- Treatment Initiated
- Treatment Pending
- Lost to Follow Up
- Treatment Refused
- Treatment Not Needed

Date of Treatment Disposition: _____

Type of Treatment: _____

Facility Where Treatment Was Initiated:

Facility: _____

Address: _____

City: _____

Zip Code: _____

Date of Client's Next Breast Screening: _____

Breast Cycle Disposition:

- Complete
- Incomplete

Clinician's Signature: _____

Appendix 5: Program Material Examples Continued

1. HOPI TRACKING DOCUMENT — WOMEN'S HEALTH PROGRAM, CERVICAL DIAGNOSTIC & TREATMENT FORM. PAGE 3 OF 3



H.O.P.I. WOMEN'S HEALTH PROGRAM Cervical Diagnostic & Treatment Form (Case Management)

Provider: _____ IHS Chart #: _____

Patient Information

Last Name: _____ First Name: _____ M.I.: _____ Social Security #: _____ Birth Date: _____

Diagnostic Procedures

Instructions: Use the following codes to complete the table below for all diagnostic procedures that have been performed, refused, or are pending.

Status: 1 - Procedure Performed
2 - Procedure Pending
3 - Procedure Refused

Results: 1 - Within Normal Limits
2 - Abnormal
3 - Indeterminate

Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	

Diagnostic Disposition

Disposition of Diagnostic Procedure(s):

- Work Up Complete
- Work Up Pending
- Lost to Follow Up
- Reason: _____
- Diagnostic Work Up Refused

Date of Diagnostic Disposition: _____

Final Diagnosis:

- Normal/Benign Reaction
- HPV/Condylomata/Atypical
- CIN I/Mild Dysplasia
- CIN II/Moderate Dysplasia
- CIN III/Severe Dysplasia/Carcinoma In Situ
- Invasive Cervical CArcinoma
- Other: _____
- Low Grade SIL (Biopsy Diagnosis)
- High Grade SIL (Biopsy Diagnosis)

Stage at Diagnosis:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Stage I | <input type="checkbox"/> Summary Local |
| <input type="checkbox"/> Stage II | <input type="checkbox"/> Summary Regional |
| <input type="checkbox"/> Stage III | <input type="checkbox"/> Summary Distant |
| <input type="checkbox"/> Stage IV | <input type="checkbox"/> Unknown/Unstaged |

Treatment Disposition

Complete This Section Only If Client Is Diagnosed With Cervical Cancer

Disposition of Treatment:

- Treatment Initiated
- Work Up Pending
- Lost to Follow Up
- Treatment Refused
- Treatment Not Indicated

Date of Treatment Disposition: _____

Type of Treatment: _____

Facility Where Treatment Was Initiated:

Facility: _____

Address: _____

City: _____

Zip Code: _____

Date of Client's Next Pap Screening: _____

Cervical Cycle Disposition:

- Complete
- Incomplete

Clinician's Signature: _____

Appendix 5: Program Material Examples Continued

2. SPIPA NATIVE WOMEN'S WELLNESS PROGRAM — PATIENT SATISFACTION SURVEY PAGE 1 OF 2



NATIVE WOMEN'S WELLNESS PROGRAM

Patient survey: Please complete and return to your Outreach Worker

1. My last mammogram was:
 - Less than 1 year ago
 - 1-2 years ago
 - More than 2 years ago
 - Never

2. If I had a mammogram, I got it at:
 - At the Tribal clinic or casino
 - Outside the tribe

3. If I got my mammogram at the tribal clinic, I was
 - Very satisfied with the service I received
 - Somewhat satisfied
 - Neither satisfied or unsatisfied
 - Somewhat unsatisfied
 - Very unsatisfied

4. If I got my mammogram at another provider, it was because:
 - It was more convenient
 - I didn't know I could get it at the tribal clinic
 - I didn't want to get it at the tribal clinic because _____
 - I saw my regular health provider

5. If I never had a mammogram, it was because:
 - I am not old enough
 - Lack of childcare
 - Lack of transportation
 - No health insurance/to expensive
 - Afraid of finding a problem
 - Bad experience in the past
 - It goes against my faith/culture
 - To embarrassing or painful

6. My last Pap test was:
 - Less than a year ago
 - 1-2 years ago
 - More than 2 years ago
 - Never

7. If I had a Pap test, I got it:
 - At the tribal clinic
 - Outside of the tribe

South Puget Intertribal Planning Agency

3104 SE Old Olympic Hwy Shelton, WA 98584 360.426.3990 spipa.org

Appendix 5: Program Material Examples Continued

2. SPIPA NATIVE WOMEN'S WELLNESS PROGRAM — PATIENT SATISFACTION SURVEY PAGE 2 OF 2

8. If I got my Pap at the tribal clinic, I was:
- Very satisfied with the service I received
 - Somewhat satisfied
 - Neither satisfied or unsatisfied
 - Somewhat unsatisfied
 - Very unsatisfied
9. If I got my Pap test at another provider, it was because:
- It was more convenient
 - I didn't know I could get it at the tribal clinic
 - I saw my regular health provider
 - I didn't want to go to the tribal clinic because _____
10. If I never had a Pap test it was because:
- Lack of childcare
 - Lack of transportation
 - No health insurance/to expensive
 - Bad experience in the past with doctor/hospital
 - Afraid of finding a problem
 - To embarrassing or painful
 - It goes against my faith/culture
11. If I never had a mammogram or Pap, I may have one if: _____

12. I have been to an educational wellness community event at my tribe or another SPIPA tribe in the last year
- Yes
 - No
13. If I checked yes, the health information I learned was helpful to my family or me
- Yes
 - No
14. If I checked no, I didn't attend because:
- Lack of child care
 - Lack of transportation
 - I didn't hear about the event
 - It was an inconvenient place/time
 - I wasn't interested
15. If I checked no, I would be more likely to attend in the future if: _____

16. I would like to see more intertribal wellness events:
- Yes
 - No
17. Topics that would be important to me are: _____

18. How could the Native Women's Wellness Program (NWWP) improve?

Appendix 5: Program Material Examples Continued

3. HOPI CANCER SUPPORT SERVICES — WELL WOMEN VISIT SURVEY



H.O.P. I. Cancer Support Services

P.O. Box 123

Kykotsmovi, Az. 86039

Phone #: 928-734-1151 or 734-1152

Well Women Visit Survey

- 1.) Is this your first Well Women's visit? **Yes or No**
- 2.) How was your wait time? (**example:** *too long/quick, boring/not boring*)
- 3.) Did you receive any education today (*video/speaker*)? **Yes or No**
- 4.) Was the **Women's Program** staff courteous? **Yes or No**
If no, why?
- 5.) Was the Hopi **Health Care Provider** courteous? **Yes or No**
If no, why?
- 6.) Are you satisfied with your over-all care today? **Yes or No**
If no, why?
- 7.) What usually holds you back from making appointments? (*Examples: Babysitting issue, no ride, etc.*)
- 8.) Does not having money for gas affect your ability to get to your doctor appointments? **Yes or No**
- 9.) How can we improve your Well Women's visit?

**Thank you for taking the time to fill out our survey!!!
Great Job for taking great care of your health!!!**

Appendix 5: Program Material Examples Continued

4. SOUTHCENTRAL FOUNDATION — PREVENTIVE TESTING/SCREENING REMINDER LETTER



Southcentral Foundation
Dr. Verlyn Corbett, MD
Anchorage Native Primary Care Center 3 East
4320 Diplomacy Drive, Suite 3191
Anchorage, Alaska 99508

March 6, 2018

C-O First and Last Name
C-O Mailing Address
DOB
MRN

RE: Preventive Testing/Screening

Dear C-O First Name,

Preventive care can help you avoid many serious health problems. Our records indicate that you are due for the following types of preventive care. Please call your scheduler, Brittany at **(907) 729-6557** to schedule an appointment. If you have any questions or concerns, please ask to leave a message with your Nurse Case Manager regarding this letter.


- | | |
|--|---|
| <input type="checkbox"/> Pap Smear | <input type="checkbox"/> Blood work/ Labs in Support Clinic |
| <input type="checkbox"/> Clinical Breast Exam/ Mammogram | <input type="checkbox"/> Fasting |
| <input type="checkbox"/> Appointment with Provider
30 minutes | <input type="checkbox"/> Non-fasting |
| <input type="checkbox"/> Medication Consult
Please bring your pill bottles into the appt. | <input type="checkbox"/> Blood Pressure Check |
| | <input type="checkbox"/> Immunizations update |
| | <input type="checkbox"/> Influenza (flu shot) |
| | <input type="checkbox"/> Pneumonia vaccine |
| | <input type="checkbox"/> Tetanus/diphtheria |
| | <input type="checkbox"/> Other _____ |

Sincerely,

Brittany Condefer, Case Management Support
Dr. Verlyn Corbett, MD
Phone: (907) 729-6557
Fax: (907) 729-4136

Appendix 5: Program Material Examples Continued

5. KANZA HEALTH CENTER WOMEN'S HEALTH PROGRAM — POSTCARD REMINDER




**Kaw Nation
Women's Health Program**
P.O. Box 474 — 3151 E. River Road
Newkirk, OK 74647
Phone (580) 362-1039 — Fax (580) 362-1467

This is to remind you that it is time or may be past time for your:


- Well Woman Exam (Pap Test and/or Clinical Breast Exam)
- Repeat/follow-up (Pap and/or Breast Exam)
- Annual Mammogram
- Follow-Up Mammogram

Comment: _____

Please call your regular Clinic indicated below today, to make an appointment with **Kaw Women's Health Program**.
If you have already made this appointment, then we hope to see you soon.



Thank you for allowing us to help in caring for you!



**Kaw Nation
Women's Health Program**
P.O. Box 474 — 3151 E. River Road
Newkirk, OK 74647
Phone (580) 362-1039 — Fax (580) 362-1467

This is to remind you that it is time or may be past time for your:

- Well Woman Exam (Pap Test and/or Clinical Breast Exam)
- Repeat/follow-up (Pap and/or Breast Exam)
- Annual Mammogram
- Follow-Up Mammogram

Comment: _____

Please call **Your Clinic** at: _____ today,
to make an appointment with **Kaw Women's Health Program**.
If you have already made this appointment, then we hope to see you soon.

Thank you for allowing us to help in caring for you!

You have an appointment with

KAW WOMEN'S HEALTH PROGRAM

Site: _____

Address: _____

Phone: _____

Mon. Tues. Wed. Thurs. Fri.


_____ at _____ am/pm

If unable to make appointment, please call **Kaw Women's Health** (580) 362-1039 or phone listed above.

Appendix 5: Program Material Examples Continued


6. GPTCHB POST CARD REMINDER

<p>XX Health and Wellness Center XXX Street City, State, Zip Code</p> <p>Dear Patient, Here's a friendly reminder that it's time for your yearly colorectal cancer screening.</p> <p>Please call our office to schedule an appointment to pick up a screening kit.</p>	<p>PLACE STAMP</p> <hr/> <hr/> <hr/> <hr/>
---	--

	<p>Colon cancer kills more than 50,000 people each year, but screening can largely prevent the disease when precancerous polyps are found and removed before they turn into cancer.</p> <p>Carry on the Tradition of Life...</p> <p>Colorectal Cancer is:</p> <ul style="list-style-type: none">• Preventable• Treatable• Beatable
---	---


Appendix 5: Program Material Examples Continued

7. AMERICAN INDIAN CANCER FOUNDATION — BREAST CANCER INFOGRAPHIC. PAGE 2 OF 2




Breast cancer is the **2nd** leading cause of cancer death for **American Indian women**.
A mammogram may save your life.

What can I do?




BREASTFEED

Breastfeeding reduces estrogen exposure that helps prevent breast cancer




WEIGHT CONTROL

Overweight or obese women are at a higher risk




REGULAR MAMMOGRAMS

Women 40+ should have the option to have a mammogram once a year




EXERCISE

Exercising 3 days/week may lower your risk




LIMIT ALCOHOL USE

Alcohol can increase estrogen which can increase risk




REGULAR BREAST EXAMS


Speak to your health care provider for options




American Indian
Cancer Foundation.




@AMERICANINDIANCANCER



/AMERICANINDIANCANCER



@AICAF_ORG



AmericanIndianCancer.org

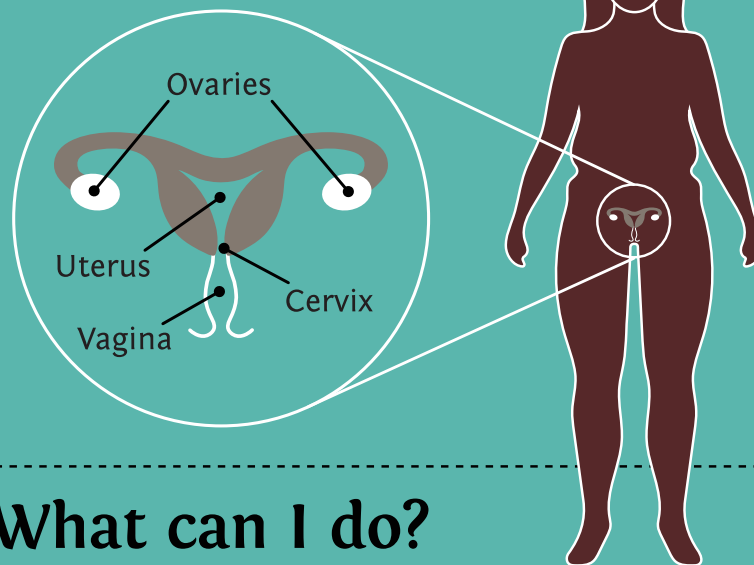
Appendix 5: Program Material Examples Continued

8. AMERICAN INDIAN CANCER FOUNDATION — CERVICAL CANCER INFOGRAPHIC. PAGE 1 OF 2

End Cervical Cancer ▶▶▶▶ in Indian Country

What is cervical cancer?

Cervical cancer is a disease where abnormal cells grow on the cervix.



What can I do?



GET VACCINATED

The human papillomavirus (HPV) vaccine is recommended for everyone **ages 9-26** to protect against HPV cases that lead to 9 out of 10 cervical cancers. *Learn more at: AICAF.org/hpv*



PRACTICE SMART SEX

Use protection and talk with your sexual partners: anyone who has ever had anal, vaginal or oral sex can get HPV.



QUIT SMOKING

Smoking weakens the immune system, making it harder for the body to fight HPV infection. *Learn more at: AICAF.org/quit*



GET SCREENED

Cervical cancer is highly curable when detected and treated early.

Appendix 5: Program Material Examples Continued

8. AMERICAN INDIAN CANCER FOUNDATION — CERVICAL CANCER INFOGRAPHIC. PAGE 2 OF 2

American Indian women are nearly **2X** more likely to develop cervical cancer than white women.

Screening Tests

- ▶ **PAP TESTS** look for cell changes on the cervix during a pelvic exam. Regular Pap tests are the **ONLY** effective way to find cancer early
- ▶ **HPV TESTS** look for HPV that can cause cell changes that may lead to cervical cancer

When should I get screened?

21-29
Pap test every **3** years

30-65
Two options:
1) Continue Pap test every **3** years OR
2) Pap test AND HPV test every **5** years

65+
Talk to your health care provider

THESE ARE SCREENING GUIDELINES FOR AVERAGE-RISK WOMEN WITH NORMAL TEST RESULTS. TALK TO YOUR HEALTH CARE PROVIDER ABOUT GUIDELINES WITH ABNORMAL TEST RESULTS.

Abnormal Pap? Don't panic!

An abnormal Pap test is not a diagnosis of cervical cancer. Follow up with your health care provider to discuss your screening results and recommendations.

American Indian Cancer Foundation®

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AmericanIndianCancer.org

Appendix 5: Program Material Examples Continued

9. SOUTH PUGET INTERTRIBAL PLANNING AGENCY — NATIVE WOMEN'S WELLNESS PROGRAM BROCHURE. PAGE 1 OF 2

CANCER SCREENINGS



Among the first programs funded in 1994 by the Centers for Disease Control (CDC) under the American Indian/Alaska Native Initiative. Funds female health providers at Tribal health clinics who conduct breast and cervical cancer screenings to Native women, spouses, and partners.

REFERRALS



Referrals are made as needed. Outreach informs community members about services, increase screenings, and track treatment timeliness.



NATIVE WOMEN'S WELLNESS PROGRAM



South Puget Intertribal
Planning Agency

3104 SE Old Olympic Hwy
Shelton, WA 98584
360.426.3990
800.924.3984
spipa.org



9. SOUTH PUGET INTERTRIBAL PLANNING AGENCY — NATIVE WOMEN’S WELLNESS PROGRAM BROCHURE. PAGE 2 OF 2

Breast Cancer Prevention

HEALTH TIPS

Screening

Mammogram, clinical breast exam, and other tests

- Breast cancer screening
- Diagnosing breast cancer
- More information on screening and diagnosis: Mammogram, clinical breast exam and other tests

Breast cancer screening

- Breast cancer screening looks for signs of cancer before a woman has symptoms. Screening can help find breast cancer early, when the chance of successful treatment is best. Two tests are commonly used to screen for breast cancer:
 - Mammogram. A low-dose x-ray exam of the breasts to look for changes that are not normal. Check the womenhealth.gov screening charts to see when you should get a mammogram.
 - Clinical breast exam (CBE). The doctor looks at and feels the breasts and under the arms for lumps or anything else that seems unusual. Ask your doctor if you need a CBE.

If you are 50 to 74 years old, get a screening mammogram every two years.

Maintain a healthy weight.
Exercise regularly.
Get plenty of rest.

Don't drink alcohol, or limit it to one drink a day.
Don't smoke.



Diagnosis

Diagnosing breast Cancer

Screening tests look for signs of cancer. If a screening mammogram or CBE shows a breast change that could be cancer, additional tests are needed to learn more. These tests might include:

Diagnostic mammogram. This type of mammogram uses x-rays to take more detailed images of areas that look abnormal on a screening mammogram.

Ultrasound exam. Sound waves help your doctor see if a lump is solid (could be cancer) or filled with fluid (a fluid filled sac that is not cancer.)

Magnetic resonance imaging (MRI). Radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the breast. MRI may be used if enlarged lymph nodes or lumps are found during a clinical breast exam that are not seen on a mammogram or ultrasound. Breast biopsy. Fluid or tissue is removed from the breast and checked for cancer cells. There are many types of biopsy. A biopsy is the only test to find out if cells are cancer.

Visit spipa.org for more information

Appendix 5: Program Material Examples Continued

10. AMERICAN INDIAN CANCER FOUNDATION — COLON CANCER INFOGRAPHIC

End Colon Cancer

▶▶▶▶ in Indian Country

What is colon cancer?

A disease in the large intestine (colon) and rectum. Most colon cancers start as small noncancerous clumps of cells called polyps. Without treatment, polyps may turn cancerous.

Stages of colon cancer

STAGE 0 Each polyp begins as a growth of noncancerous cells	STAGE 1 Cancer has formed in the polyp inside colon or rectum	STAGE 2 Cancer has spread to surrounding tissues	STAGE 3 Cancer has spread to lymph nodes	STAGE 4 Cancer has spread to other organs
Remove polyps before cancer starts	If found early, 9 out of 10 survive		If found, 7 out of 10 survive	If found later, 1 out of 10 survive

TIMING MATTERS WHEN COLON CANCER IS FOUND

What can I do?

QUIT SMOKING

EAT FRUITS & VEGGIES

WEIGHT CONTROL

GET SCREENED

EXERCISE

LIMIT ALCOHOL USE

Colon cancer is the second leading cause of cancer death for American Indians and Alaska Natives.

Colon cancer often has no symptoms in early stages.

Screening tests

Colon cancer screening for American Indians is recommended for those ages 45-75

- ▶ **STOOL-BASED TESTS**
 - Looks for blood in the stool
 - Take test at home every 1-3 years
 - Mail or return to clinic
 - If positive, must have colonoscopy
- ▶ **VISUAL TESTS**
 - Looks directly in the colon
 - Test is done at a medical center
 - Colonoscopy can prevent cancer by removal of polyps during test

Talk to your health care provider about when screening is best for you.

AmericanIndianCancer.org

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 /AMERICANINDIANCANCER
 @AICAF_ORG

American Indian Cancer Foundation.

Appendix 5: Program Material Examples Continued

11. SEARHC MOBILE MAMMOGRAPHY FLYER



THE MOBILE MAMMOGRAPHY VAN IS COMING!

SEARHC's WISEWOMAN Women's Health Program in partnership with the Breast Cancer Detection Center is pleased to bring mobile mammography with the latest digital technology to your community.

All women are at risk of getting breast cancer. Early detection through regular screening increases the chances of long-term survival.

The mobile mammography van will visit the following communities:

- **Angoon** **April 27-28**
- **Kake** **May 4-5**
- **Haines** **May 8-11**
- **Yakutat** **May 17-18**

For more information or to make an appointment, call **907.364.4450 (Angoon/Kake)**, **907.766.6366 (Haines)**, or **907.784.3260 (Yakutat)**. You can also call the SEARHC WISEWOMAN Women's Health Program toll-free at 1.888.388.8782 or email askwh@searhc.org.

To learn more about services available through the SEARHC WISEWOMAN Women's Health Program, visit searhc.org/service/health-promotion.



Appendix 5: Program Material Examples Continued

12. SCF FLYER. PAGE 1 OF 2

Power of Hope

Cancer and Education Social Group



When cancer touches your life, or that of a loved one, it's important to have a network of friends to help. The Power of Hope Cancer Education and Social Luncheon is a place to find support and discover healthy ways to manage living with, and surviving, cancer. Hear from professionals on a variety of important topics, as they share stories on nutrition and planning meals, cancer prevention, risk factors and early detection, gene counseling, coping with stress, choosing the right treatment options, and more. A healthy lunch will be provided.


When:

Noon – 1 p.m. on the last Monday of every month (see calendar on back)
 (**Note:** if the last Monday falls on a holiday, the luncheon will be held the Monday before.)


Where:

Mt. Marathon Building, Denali Room, 1st floor, 4201 Tudor Centre Drive, Anchorage


Who:

The luncheon is open to anyone going through cancer treatment, a cancer survivor, caregiver, or support partner.

For more information, please contact:

Health Education

(907) 729-8856

southcentralfoundation.com



Appendix 5: Program Material Examples Continued

12. SCF FLYER. PAGE 2 OF 2

2017	October	November	December
	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
	1 2 3 4 5 6 7	1 2 3 4	1 2
	8 9 10 11 12 13 14	5 6 7 8 9 10 11	3 4 5 6 7 8 9
	15 16 17 18 19 20 21	12 13 14 15 16 17 18	10 11 12 13 14 15 16
	22 23 24 25 26 27 28	19 20 21 22 23 24 25	17 18 19 20 21 22 23
29 30 31	26 27 28 29 30	24 25 26 27 28 29 30	
		31	
2018	January	February	March
	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
	1 2 3 4 5 6	1 2 3	1 2 3
	7 8 9 10 11 12 13	4 5 6 7 8 9 10	4 5 6 7 8 9 10
	14 15 16 17 18 19 20	11 12 13 14 15 16 17	11 12 13 14 15 16 17
	21 22 23 24 25 26 27	18 19 20 21 22 23 24	18 19 20 21 22 23 24
	28 29 30 31	25 26 27 28	25 26 27 28 29 30 31
	April	May	June
	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
	1 2 3 4 5 6 7	1 2 3 4 5	1 2
	8 9 10 11 12 13 14	6 7 8 9 10 11 12	3 4 5 6 7 8 9
	15 16 17 18 19 20 21	13 14 15 16 17 18 19	10 11 12 13 14 15 16
22 23 24 25 26 27 28	20 21 22 23 24 25 26	17 18 19 20 21 22 23	
29 30	27 28 29 30 31	24 25 26 27 28 29 30	
July	August	September	
Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	
1 2 3 4 5 6 7	1 2 3 4	1	
8 9 10 11 12 13 14	5 6 7 8 9 10 11	2 3 4 5 6 7 8	
15 16 17 18 19 20 21	12 13 14 15 16 17 18	9 10 11 12 13 14 15	
22 23 24 25 26 27 28	19 20 21 22 23 24 25	16 17 18 19 20 21 22	
29 30 31	26 27 28 29 30 31	23 24 25 26 27 28 29	
		30	
October	November	December	
Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	
1 2 3 4 5 6	1 2 3	1	
7 8 9 10 11 12 13	4 5 6 7 8 9 10	2 3 4 5 6 7 8	
14 15 16 17 18 19 20	11 12 13 14 15 16 17	9 10 11 12 13 14 15	
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Appendix 6: Blank Templates

PROVIDER REMINDERS POLICY TEMPLATE – PAGE 1 OF 2

[[TRIBAL CLINIC NAME]]								
Chapter:					Dept:	Clinical		
Standard:								
Subject:	Provider Reminders Protocol for Cancer Screenings				Effective Date:			
Review Date:	Updated?		Revision Date:		Version Number:	1	Page #:	Page 1 of 2
	Yes	No						

I. POLICY STATEMENT:

Provider reminder and recall systems are evidence-based strategies to increase screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT). Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The goal of provider reminders/recalls is to increase scheduling of appropriate cancer screening services by healthcare providers.

II. PURPOSE:

Cancer screening, or checking for cancer or abnormal tissues before symptoms develop, is an effective way to prevent cancer or ensure early detection. Cancer screening is especially important for breast, cervical, and colorectal cancers. This is because screening can detect early-stage cancer or tissues that may become cancerous, effectively preventing cancer deaths and increasing the likelihood that a patient can still be treated effectively.

With increased cancer screening rates per national guidelines, many cancer deaths could be avoided. Routine patient cancer screenings are particularly effective as they can frequently prevent or detect cancers before a person develops any symptoms. Identifying abnormal tissues before disease develops or discovering cancer during early stages may make it easier for the cancer to be prevented, treated, or cured, reducing morbidity and mortality and the overall burden of disease. Cancer screening is low-risk and typically causes patients only minor discomfort or inconvenience while providing valuable results.

Appendix 6: Blank Templates Continued

PROVIDER REMINDERS POLICY TEMPLATE – PAGE 2 OF 2

[[TRIBAL CLINIC NAME]]							
Chapter:					Dept:	Clinical	
Standard:							
Subject:	Provider Reminders Protocol for Cancer Screenings				Effective Date:		
Review Date:	Updated?		Revision Date:		Version Number:	1	Page #:
	Yes	No					

III. GUIDELINES:

	Breast Cancer	Cervical Cancer	Colorectal Cancer
USPSTF	<p>Age 40-49: mammograms should be woman's decision after learning about risks and benefits.</p> <p>Age 50-74: biennial mammograms recommended</p> <p>Age 75+: no specific recommendations.</p>	<p>Age 21-29: Pap test recommended every three years.</p> <p>Age 30-65+: Pap test every three years, Pap + HPV co-testing (i.e. done at the same time) every five years, or primary HPV testing alone every five years.</p> <p>Age 65+: Women who do not meet the criteria for adequate prior screening, or for whom the adequacy of prior screening is unknown, should still be screened.</p>	<p>Age 50-75: One of the following –</p> <ul style="list-style-type: none"> • FIT, FOBT, or FIT-DNA tests annually • FIT-DNA every three years • Colonoscopies every 10 years • CT colonoscopies and sigmoidoscopies every five years • Sigmoidoscopies every ten years with FIT testing completed annually. <p>Ages 76-85: individual decisions should be made based on patient health and history.</p>
ACS	<p>Age 40-44: mammograms should be woman's decision after learning about risks and benefits.</p> <p>Age 45-55: annual mammograms recommended.</p> <p>Age 55-74+: can continue annual mammograms or reduce screenings to every two years. Older women advised to continue screenings if healthy and expected to live at 10+ years.</p>	<p>Age 21-29: Pap test recommended every three years.</p> <p>Age 30-65: co-testing every five years (preferable) or Pap testing every three years.</p>	<p>Age 45+: One of the following</p> <ul style="list-style-type: none"> • Colonoscopies every 10 years • CT colonographies sigmoidoscopies, or double- contrast barium enemas every five years • FIT or FOBT tests annually • Stool DNA tests every three years.

IV. PROCEDURE:

Key steps for implementing this evidence-based approach of Provider Reminders

1. Electronic reminders shall be designed and implemented.
2. Identify patients due for screening test.
3. Alert providers of patients identified that need a screening test.
 - a. Ensuring electronic reminder in EHR system is programmed to alert provider of needed screening tests at time of visit
4. Complete screening tests or give a provider referral
 - a. Make sure the scheduled screening is appropriately documented in HER
5. Monitor provider performance in response to provider reminders, reassess workflows, and adjust for what works best to increase number of patients officially scheduled for screening(s).

Appendix 6: Blank Templates Continued

CLIENT REMINDERS POLICY TEMPLATE – PAGE 1 OF 2

[[TRIBAL CLINIC NAME]]								
Chapter:					Dept:	Clinical		
Standard:								
Subject:	Patient Reminders Protocol for Cancer Screenings				Effective Date:			
Review Date:	Updated?		Revision Date:		Version Number:	1	Page #:	Page 1 of 2
	Yes	No						

I. POLICY STATEMENT:

Sending client reminders to patients is an evidence-based strategy to increase screening rates for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT). A client reminder is a message advising an individual that they are due or past due for a cancer screening test. The goal of patient reminders is to increase adherence to and completion of cancer screenings by patients.

II. PURPOSE:

Cancer screening, or checking for cancer or abnormal tissues before symptoms develop, is an effective way to prevent cancer or ensure early detection. Cancer screening is especially important for breast, cervical, and colorectal cancers. This is because screening can detect early-stage cancer or tissues that may become cancerous, effectively preventing cancer deaths and increasing the likelihood that a patient can still be treated effectively.

With increased cancer screening rates per national guidelines, many cancer deaths could be avoided. Routine patient cancer screenings are particularly effective as they can frequently prevent or detect cancers before a person develops any symptoms. Identifying abnormal tissues before disease develops or discovering cancer during early stages may make it easier for the cancer to be prevented, treated, or cured, reducing morbidity and mortality and the overall burden of disease. Cancer screening is low-risk and typically causes patients only minor discomfort or inconvenience while providing valuable results.

Appendix 6: Blank Templates Continued

CLIENT REMINDERS POLICY TEMPLATE – PAGE 2 OF 2

[[TRIBAL CLINIC NAME]]							
Chapter:					Dept:	Clinical	
Standard:							
Subject:	Patient Reminders Protocol for Cancer Screenings				Effective Date:		
Review Date:	Updated?		Revision Date:		Version Number:	1	Page #:
	Yes	No					

III. GUIDELINES:

	Breast Cancer	Cervical Cancer	Colorectal Cancer
USPSTF	<p>Age 40-49: mammograms should be woman’s decision after learning about risks and benefits.</p> <p>Age 50-74: biennial mammograms recommended</p> <p>Age 75+: no specific recommendations.</p>	<p>Age 21-65: Pap test recommended every three years.</p> <p>OR alternately</p> <p>Age 30-65+: Pap + HPV co-testing (i.e. done at the same time) every five years for women who want to extend the time period between tests.</p> <p>Age 65+: Women who do not meet the criteria for adequate prior screening, or for whom the adequacy of prior screening is unknown, should still be screened.</p>	<p>Age 50-75: One of the following –</p> <ul style="list-style-type: none"> • FIT, FOBT, or FIT-DNA tests annually • FIT-DNA every three years • Colonoscopies every 10 years • CT colonoscopies and sigmoidoscopies every five years • Sigmoidoscopies every ten years with FIT testing completed annually. <p>Ages 76-85: individual decisions should be made based on patient health and history.</p>
ACS	<p>Age 40-44: mammograms should be woman’s decision after learning about risks and benefits.</p> <p>Age 45-55: annual mammograms recommended.</p> <p>Age 55-74+: can continue annual mammograms or reduce screenings to every two years. Older women advised to continue screenings if healthy and expected to live at 10+ years.</p>	<p>Age 21-29: Pap test recommended every three years.</p> <p>OR alternately</p> <p>Age 30-65: co-testing every five years.</p>	<p>Age 45+: One of the following:</p> <ul style="list-style-type: none"> • Colonoscopies every 10 years • CT colonographies sigmoidoscopies, or double- contrast barium enemas every five years • FIT or FOBT tests annually • Stool DNA tests every three years.

IV. PROCEDURE:

Key steps for implementing this evidence-based approach of Patient Reminders

1. Identify patients due (reminders) or overdue (recalls) for a cancer screening test.
2. Send out “text-reminder” template or “text-recall” template to all identified patients with due/overdue cancer screenings.
3. One week after first reminder/recall text has been sent and following each week thereafter a “text-follow-up” motivational template shall be sent to all identified patients encouraging them to schedule their cancer screening(s) until the due/overdue cancer screening(s) have been scheduled.
4. Upon the successful scheduling of the due/overdue cancer screening the patient shall be added to the list to receive “text-educational” templates depending if their screening requires strict preparations and/ or “test-accolades” templates which will praise their decision to schedule and complete the due/overdue screening with the goal of patient adhering and completing the screening.

Appendix 6: Blank Templates Continued

Cervical
Client Reminder Template

Date:

Dear:

Although cervical cancer was previously one of the most common causes of cancer deaths American women, cancer screening has lowered the amount of deaths caused by cervical cancer by 50% in the past 40 years. Cervical cancer can be prevented or detected early which can prevent death from cervical cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due for your cervical cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely,
Provider Signature

Appendix 6: Blank Templates Continued

Breast
Client Reminder Template

Date:

Dear:

Breast cancer is the most frequently diagnosed cancer and leading cause of death among American Indian women. The good news is that breast cancer can be prevented or detected early which can prevent death from breast cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due for your breast cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely
Provider Signature

Appendix 6: Blank Templates Continued

Women's Health
Client Reminder Template

Date:

Dear:

Breast and cervical cancer are two of the leading causes of cancer-related deaths in the United States and all women are at risk. The good news is that these types of cancer can be prevented or detected early which can prevent death from breast or cervical cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely

Provider Signature

Appendix 6: Blank Templates Continued

Colorectal
Client Reminder Template

Date:

Dear:

Colon cancer is the second leading cause of cancer-related deaths in the United States and men and women are equally at risk. The good news is that colon cancer can be prevented or detected early which can prevent death from colon cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due for your colorectal cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely
Provider Signature

Appendix 7: Additional Resources

American Cancer Society — <https://www.cancer.org/>

American Indian Cancer Foundation — <http://aicaf.org/>

CDC CRCCP Action Guide — <https://www.cdc.gov/cancer/crccp/pdf/colorectalactionguide.pdf>

CDC Division of Cancer Prevention and Control (DCPC) — <https://www.cdc.gov/cancer/dpc/about/index.htm>

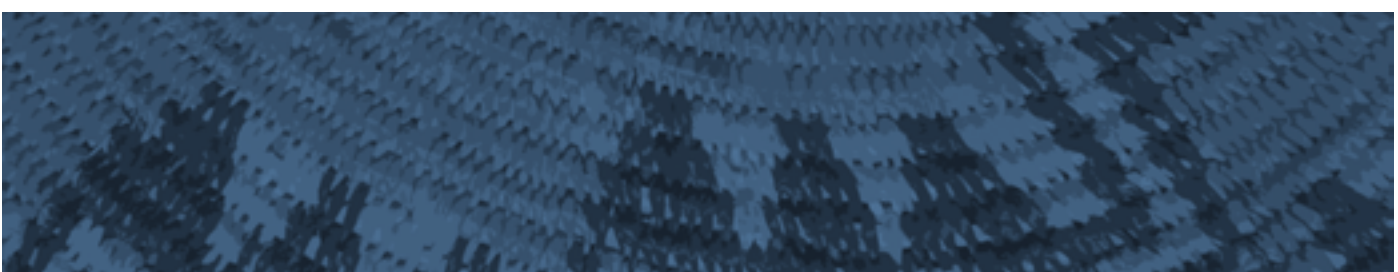
CDC NBCCEDP Breast Cancer Action Guide — <https://www.cdc.gov/cancer/nbccedp/pdf/breastcanceractionguide.pdf>

CDC ScreenOutCancer — <https://www.cdc.gov/screenoutcancer/>

Electronic Preventive Services Selector (ePSS) — stay up-to-date on federal screening guidelines (USPSTF) — <https://epss.ahrq.gov/PDA/index.jsp>

Make it Your Own — <http://miyoworks.org/about>

Simply put: A guide for creating easy-to-understand materials — https://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf





National Indian
Health Board

