

Chapter 1: Introduction

Introduction

¹Colorectal cancer, or cancer of the colon or rectum, (CRC) is the second leading cause of cancer-related deaths among both men and women in the United States. Colorectal cancer affects both men and women and is highly preventable through screening. ²Only 46.1% of American Indians and Alaska Natives (AI/AN) aged 51-80 met screening guidelines and requirements in 2012.

In Indian Country, ³CRC incidence rates are similar to non-Hispanic Whites, but AI/ANs have lower CRC screening rates and lower five-year survival rates for all cancers combined than any other ethnic group. ⁴Regional data from the Northwest also show poor cancer survival.

The Northwest Tribal Comprehensive Cancer Program, Office of Healthy Communities WA State Department of Health, Knight Cancer Center, Oregon Prevention Research Center, and community representatives from Northwest Portland Area Indian Health Board (NPAIHB) member tribes collaborated to develop the Northwest Colorectal Cancer Screening Toolkit. (CRCST) This toolkit is intended to increase screening rates and reduce incidence of CRC and CRC-related deaths among tribal communities. The CRCST reflects the most current CRC recommendations and practices. The CRCST is the first colorectal cancer prevention and screening resource guide developed specifically for northwest tribes; tools and information were gathered and/or developed for this community.

Vision

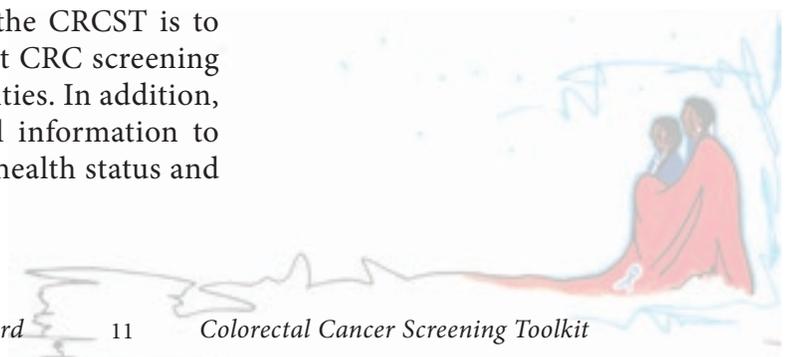
The vision of the NPAIHB in developing the CRCST is to assist the development of culturally relevant CRC screening and prevention services in AI/AN communities. In addition, the CRCST is intended to provide helpful information to tribal communities about CRC to improve health status and quality of life among AI/AN.



***“I called them out
and asked for a
show of hands for
those over 50 – and
those who have been
screened.”***

– Andy Joseph Jr.

**Confederated Tribes of the
Colville Reservation**



“⁸History illustrates that American Indians and Alaska Natives (AI/AN) were healthy and physically fit. Native men and women lived off the fruits of the land and shared physically challenging responsibilities as a part of their survival.”

Anyone can develop colorectal cancer. CRC develops from polyps- or abnormal growths on the colon or rectal wall. Screenings can detect the presence of polyps before they turn into cancer, so they can be removed. Screening is the number one way to prevent CRC. ⁵AI/ANs are diagnosed with CRC at later stages compared to non-Hispanic Whites. Low colorectal cancer screening rates help explain late-stage diagnoses and low survival rates. As with other screenable cancers, early diagnosis is critical in reducing the disparity in cancer survival.

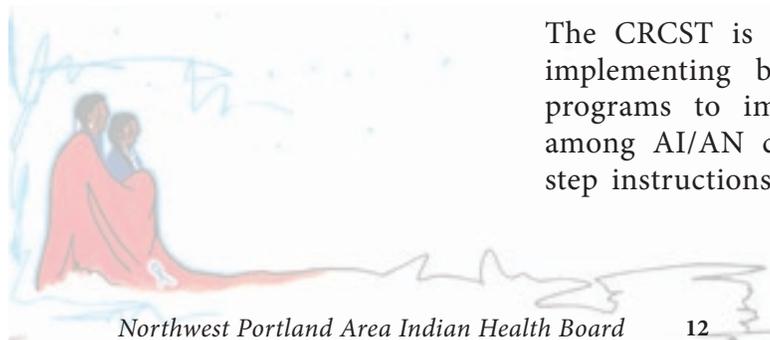
Although anyone can develop CRC, increased risk is associated with many lifestyle factors. CRC, like many chronic diseases, is associated with tobacco use, lack of physical activity and unhealthy eating habits. Sedentary lifestyles have increased through the years, but that lifestyle also increases our risk of chronic diseases. In addition to our increasingly sedentary lifestyles, unhealthy, processed foods are more accessible and often times less expensive than nutritious whole foods. ^{6,7} Lifestyle changes and low screening rates may explain why CRC has emerged as the second leading cause of cancer deaths among AI/AN populations.

Risk reduction and prevention-based initiatives have proven successful in promoting CRC screening and reducing CRC incidence and risk factors. Although promotion of overall health reduces the risk of CRC, the number one prevention method is screening. Among NPAIHB member tribes, a lack of education about the importance of CRC screening and limited access to screening services appear to be among the strongest factors that predict low screening rates. This toolkit aims to assist tribal communities in developing and implementing programs that address both screening and reducing the risk of CRC through overall health promotion.

It is our hope that tribes will use the materials presented here to support the health of their communities. Some tribes may use the whole toolkit while others may choose a few components that work well for them.

What is the Colorectal Cancer Screening Toolkit?

The CRCST is an informative manual for creating and implementing both community and clinic-based CRC programs to improve screening rates and reduce risk among AI/AN communities. Recommendations, step-by-step instructions, and tools are included to support tribal



communities in implementing their own CRC screening and prevention programs. The CRCST is based on current research, best-practices, community input, and medical standards of care.

Toolkit Organization

The CRCST has four distinct parts: (1) introduction and background information, (2) community-based screening promotion and risk reduction, (3) community-clinical collaboration, and (4) clinic-based screening promotion. Ideally, every community will have clinicians and community health promotion professionals who work collaboratively and can utilize this toolkit in its entirety. Some communities will not have an established community-clinical collaboration when they decide to implement a CRC prevention program. This toolkit was designed with this in mind; community-based programming is intended to assist community health representatives or other health promotion professionals and the clinic-based section is intended for doctors and other clinical providers. Collaboration is centered on building relationships and capacity between community and clinical screening programs.

The CRCST consists of nine chapters. Each chapter has tools that can be modified to fit your community's specific needs.

Part One: Introduction to Colorectal Cancer

Chapter One: Introduction

This chapter explains why this toolkit was created and includes explanations on toolkit organization and format.

Chapter Two: Background

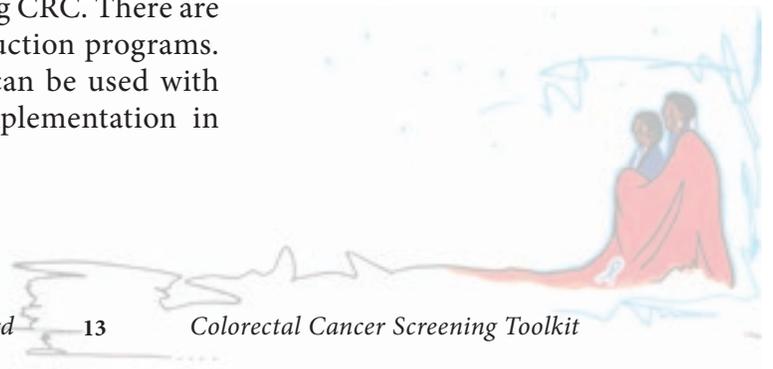
This chapter describes colorectal cancer, how it develops, and its impact on Northwest AI/AN communities. The chapter also explains different screening and treatment options for CRC.

Chapter Three: Risk Reduction and Prevention Information

This chapter describes modifiable factors that may increase an individual's risk for developing CRC. There are also community-based ideas for risk reduction programs. Topics and information in this chapter can be used with methods for program planning and implementation in chapters four through six.

Did You know?

In the Portland Area- CRC is the third leading form of cancer among AI/AN males and females living in the Northwest Portland Area (OR, ID, WA), representing 13.4% and 8.9% of all types of cancer respectively.



Part Two: Community

Chapter Four: Community Readiness Assessment

The readiness assessment provides information and resources to determine if your community is prepared for program implementation and, if so, what type of program will best meet the needs of your community. This chapter outlines different kinds of prevention programs and is the foundation for program planning and implementation.

Chapter Five: Planning for Community Programs

This chapter builds from the readiness assessment and describes a comprehensive program planning process. The step-by-step guide facilitates thorough program preparedness and evaluation methods.

Chapter Six: Implementation of Community Programs

Community program implementation provides ideas, materials, and instructions on implementing individual and group screening promotion programs. Examples of other successful CRC prevention programs in Indian Country are described in this chapter.

Part Three: Collaboration

Chapter Seven: Collaboration Between Community and Clinical Programs

This chapter provides tips to collaborate in building capacity and establish working relationships between community and clinical prevention efforts

Part Four: Clinic

Chapter Eight: Clinical Screening Program Preparation

This chapter gives a brief overview of successful strategies and resources for increasing screening rates in Northwest Tribal Clinics.



Toolkit Components

- Each chapter has an introduction and summary that briefly describe that chapter.
- Each chapter includes useful tools. Ready-made tools (e.g., flyers and templates) are found in the toolkit pocket at the end of each chapter.
- Each chapter has tool box descriptions with reference numbers that explain tools referenced in the main body of that chapter.
- Side-bar boxes throughout the DST alert you to tools, present interesting facts, and point you to additional resources.
- The Oregon Healthy Authority (in contract with Metropolitan Group) and NPAIHB's The Cancer You Can Prevent Media Guide is an example of a large-scale CRC prevention media campaign. Tribes in Oregon can work with the Oregon Health Authority to develop similar media materials. (*available upon request) Tribes outside of Oregon can use this toolkit as a reference guide for what has worked in Oregon.
- The CD located in the back pocket of the CRCST binder contains all the tools as well as other information referenced throughout the toolkit

Introduction Chapter Summary

American Indians and Alaska Natives are at increased risk for late-stage diagnosis of CRC and death due to CRC. In recent decades, there has not been significant improvement in AI/AN screening rates compared to other races or ethnicities. This toolkit addresses the need for culturally relevant CRC screening and prevention programs and will help you develop and implement a program that is right for your community. This chapter introduces the contents and organization of the CRCST.

