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Clinic Team Strategies to Increase Colorectal Cancer Screening across American Indian & Alaska Native Communities

Sambridhi Shrestha MPH
Clinic & Community Health Coordinator

Anne Walaszek MPH (Anishinaabe, White Earth)
Clinic & Community Health Manager

Presentation overview

- AICAF background
- Cancer burden
- Colorectal cancer screening initiatives
- Provider & clinic team toolkit
  - Steps to develop a colorectal cancer screening initiative
  - Toolkit to support intervention strategies

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The AICAF story

American Indian Cancer Foundation (AICAF) is a national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.

Mission:

To eliminate cancer burdens on American Indian and Alaska Native communities through improved access to prevention, early detection, treatment and survivor support.

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Our approach

We believe…

Native communities have the wisdom to find the solutions to cancer inequities, but are often seeking the organizational capacity, expert input and resources to do so.

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Cancer is the...

#1 Cause of Death for Women

- #2 Heart Disease
- #3 Unintentional Injury

#2 Cause of Death for Men

- #1 Heart Disease
- #3 Unintentional Injury

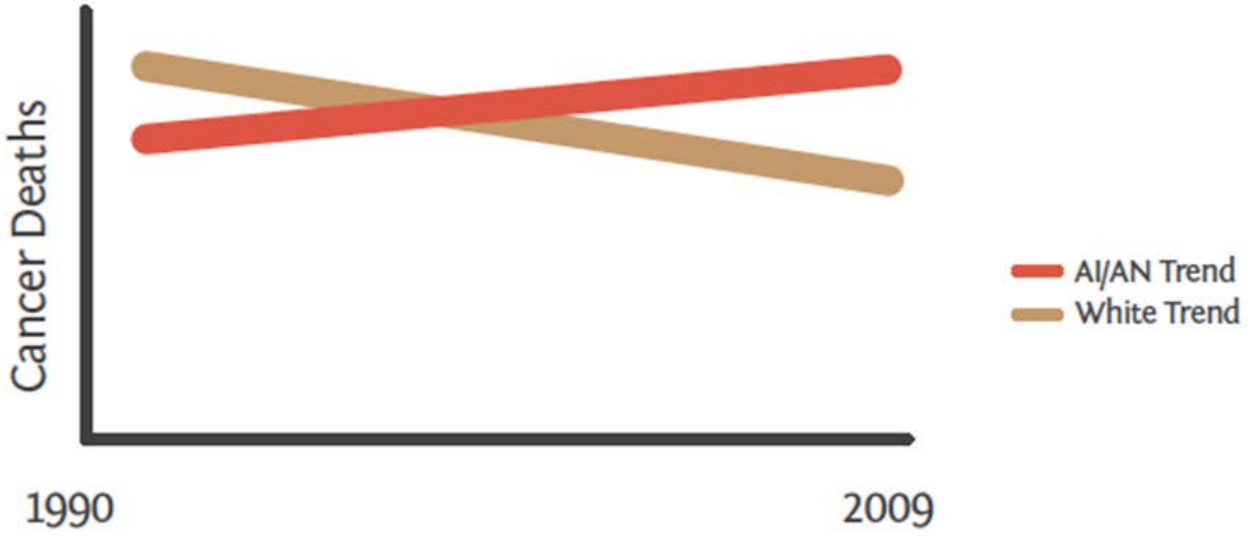
The most commonly diagnosed cancers are...

Lung cancer is the leading cause of cancer death for men and women.

Other leading causes of cancer death are...

Prostate | Colorectal | Breast

Cancer death rates for AI/AN increased over a 20 year period, while decreasing for Whites over the same time frame.



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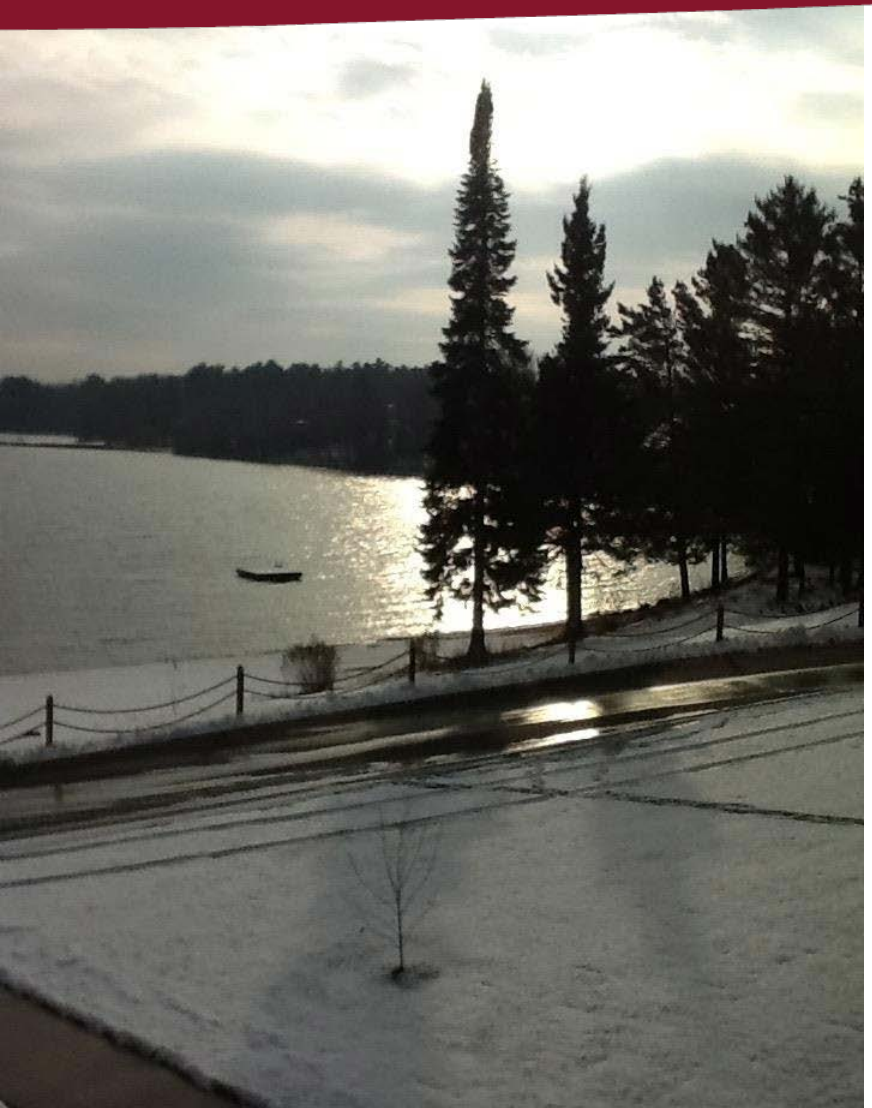
Colorectal cancer initiatives at the American Indian Cancer Foundation

Colorectal cancer: Prevention and screening

American Indian communities across Northern Plains

- Clinical system support with IHS, Tribal and Urban clinics
- Cancer navigation training support for community health

Clinical colorectal cancer initiatives at AICAF



- **Phase 1 - Research project:**
  - Improving Northern Plains American Indians Colorectal Cancer Screening (INPACS)
- **Phase 2 – Quality improvement initiative:**
  - Clinical Cancer Screening Network (CCSN)

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Improving Northern Plains American Indian Colorectal Cancer Screening

INPACS project summary

- Recruited 54 I.H.S., tribal health and urban health clinics
- Assessment of screening practices
  - Facility assessment
- Provider engagement session
  - Assessment
  - Video presentation
  - Discussion

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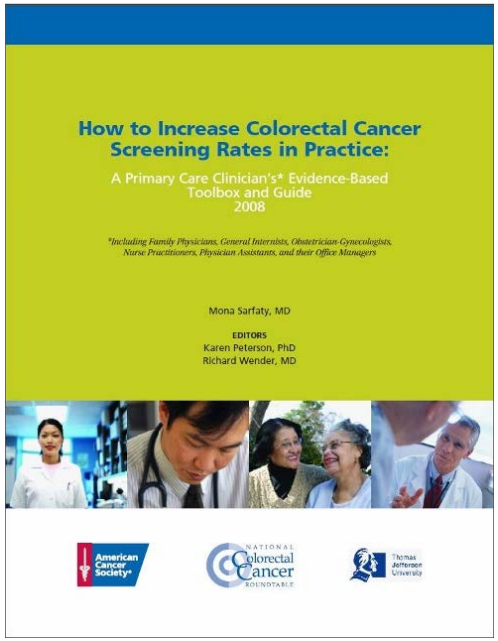
INPACS key findings

"How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox & Guide 2008"

http://nccrt.org/about/provider-education/crc-clinician-guide

These evidence-based essentials are:

- **Provider recommendation**
- **A clinic policy on CRC screening**
- **Clinic reminder system**
- **Effective communication system**



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Barriers & solutions for screening

Health System

Barriers: Staff turnover, no tracking system, no clinic policy.

Solutions: Culturally competency training, develop a CRC policy.

Financial

Barriers: Transportation, no funding to support screening.

Solutions: System to coordinate care, connect to multiple resources, increase CRC screening priority in IHS.

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Barriers & solutions for screening

Health Care Provider

Barriers: Limited time, unaware of current screening rates.

Solutions: Develop a team approach for care, create a tracking system to report back to provider/team on screening progress.

Individual or Community

Barriers: Fear, no symptoms – no problem.

Solutions: Community champion, patient/clinic education & resources, create clinic & community health link to support CHRs to provide education.

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COLORECTAL CANCER SCREENING IN AMERICAN INDIAN COMMUNITIES

Clinical Cancer Screening Network:
Innovative Clinic Engagement

Clinic Cancer Screening Network

Quality improvement initiative focused on providing training & technical assistance

- Individualized support to facilitate & implement clinic system changes
  - Created clinic teams
  - Identify focus areas in clinic site visits
  - Group workshop
  - Inform toolkit on effective strategies used in ITU clinics to improve CRC screening

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Community Health

Linking systems: Communities & clinics

Minnesota Community Health Worker Alliance 2016

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Maximizing the role of a navigator/community health worker

"Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve."

Minnesota Community Health Worker Alliance 2016

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Empowering Health Systems to Strengthen Colorectal Cancer Screening across American Indian and Alaska Native Communities

Toolkit Designed for Providers and Clinic Teams

AICAF Clinic & Community Health Program

Toolkit Overview

- Goal
- Focus Area 1: Step to Developing a Colorectal Cancer Screening Initiative
- Focus Area 2: Toolkit to Support Intervention Strategies

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Goal for the Toolkit

The toolkit goal is to strengthened:

- Colorectal cancer awareness with **education and support** strategies
- Screening tools developed to support **clinic processes**
- **Reminder systems** that support effective tracking and follow-up
- Communication and data systems that **measure practice progress**

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Focus Area # 1:
Steps to Developing a CRC Screening Initiative

1. Leadership support
2. Identify core clinic team
3. Checklist for increased CRC screening
4. Develop an action plan

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Leadership support

- Bring the facts
  - Cancer burden in your region
  - Current screening rates
  - Efficiency across systems increases productivity
  - Prioritizing preventative care lowers health care costs

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Activity : Clinic Team

1. Choose individuals/departments that would be part of the team
2. What and how will the individual contribute?
3. What are some of the duties ?
4. In your clinic, who will set up the clinic team ?

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Identify a core clinic team

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Assessing AI/AN Health System Readiness

Four Essentials to increase CRC screening:

1) Provider Recommendation
2) Clinic Policy
3) Reminder Systems
4) Measure practice progress

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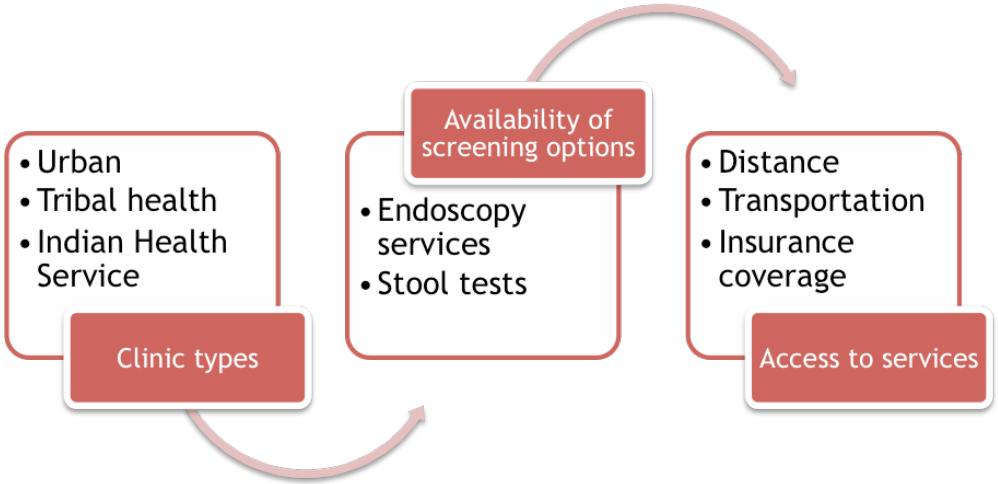
Initial Clinic Team Meeting



Assessing AI/AN System Readiness



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Clinical Cancer Screening Network

Checklist for Increased Colorectal Cancer Screening

	In Place	In Progress	Not in Place	Status Details	Staff Responsible
1. Provider Recommendation					
For colorectal cancer (CRC) screening					
For complete diagnostic evaluation when screen is positive					
2. Clinic Policy					
Policy components include:					
• Assess patient's family history to determine individual risk level					
• Identify local medical resources (endoscopy capacity)					
• Assess patient's insurance coverage					
• Consider patient preference for CRC options					
• Engage staff & implement policy					
CRC screening algorithm posted in clinic identifying eligibility, risk, screening options, next steps and/or recommendations based on screening outcomes					
Stool blood test flow sheet posted, and excludes in-office tests					
3. Reminder Systems					
Options for clinicians include:					
• Chart prompts					
• Audits & feedback					
• Ticklers & logs for initial/repeat screening					
• Staff assigned responsibilities & patient flow to enhance CRC screening process					
Options for patients include:					
• Patient education on CRC screening benefits & options (posters, brochures, videos, navigator)					
• Cues to action (posters, brochures)					
• Reminder mailing (postcards or letters) for initial and repeat screening					
• Reminder calls for initial and repeat screening					
4. Measure Practice Progress					
• Stage-based communication to increase patient motivation for screening					
• Opportunities for shared decisions, informed decisions, decision aids					
• Staff involvement in the patient flow in addressing CRC screening					

Develop an action plan

Techniques to reach a realistic, actionable plan:

- Identify clinic team champion to lead:
  - Practice facilitation
  - Process mapping
- **Team identify achievable goals – both small and long term**

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Activity: Action Plan

1) Identify a priority area(s)
2) Set a goal(s) (Screening rates, efficiency)
3) Write a goal statement(s)- Short and/or long term
4) What resources/people/teams would be essential to achieve the goal?
5) What will be the impact?

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Action plan (another example)

Clinical Cancer Screening Network: <<<<<ENTER CLINIC SYSTEM NAME>>>>>>

OVERALL LONG-TERM GOALS:

OVERALL SHORT-TERM GOALS:

FOCUS AREA	INTERVENTION STRATEGIES	POTENTIAL TOOLS TO DEVELOP	IMPACT

Clinical Cancer Screening Network: <<<<<ENTER CLINIC SYSTEM NAME>>>>>>

Example:

OVERALL LONG-TERM GOALS:

- Decreased cancer mortality and morbidity among American Indians.
- Increased CRC screening rates within the American Indian community.
- Develop effective clinical system practices to support CRC screening processes to result in significant increases in GPRA measures.

OVERALL SHORT-TERM GOALS:

- Reduced patient barriers within clinical system to support completion of CRC screening.
- Increased community knowledge and awareness of colon cancer and the benefits of screening within the American Indian community.
- Enhanced clinical systems to ensure efficient data measurement and tracking.

FOCUS AREA	INTERVENTION STRATEGIES	POTENTIAL TOOLS TO DEVELOP	IMPACT
Education & Support	A. Provider/clinician Support 1. Update on screening practices & guidelines 2. Shared decision making i. CRC screening options ii. Education overview	1. Update on CRC practices A. CE training at clinic 2. Develop education materials A. Outline screening options B. CRC flipchart for roomer and provider to use	• Increased provider knowledge on CRC • Update on CRC screening recommendations & available options
	A. Patient Education 1. CRC prevention 2. Available screening options	1. Develop education materials A. Information/announcements on clinic TVs B. Community testimonials	• Increase CRC awareness • Informed decision • Increased completed CRC screening
Clinic Processes	A. Clinic Policy	1. Identify screening algorithm A. Process Mapping	• Increased completed CRC screening
	A. Reminder System	1. Tracking system for abnormal tests A. Flag screening on chart (EHR tool; sticker; note)	• Increased completed CRC screening • Increased supportive tools for providers/clinicians for CRC reminders

Focus Area #2:
Toolkit to support intervention strategies

Strategy 1: Education and support
Strategy 2: Clinic processes
Strategy 3: Reminder Systems
Strategy 4: Measure practice progress

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Strategy 1

Education and support

Education and support

- Providers & clinic teams
- Patients
- Community health

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Provider & clinic team
Tool: Continuing education training

- Update on colorectal cancer screening practices and guidelines
- Training objectives highlight colorectal cancer in American Indians on:
  - Epidemiology
  - Risk Factors
  - Screening Options
  - Barriers to Screening
  - Possible Solutions

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Provider & clinic team
Additional CE resources available

The Centers for Disease Control and Prevention (CDC) web series online:

- **Screening for Colorectal Cancer: Optimizing Quality (CME)**
- https://www.cdc.gov/cancer/colorectal/quality/index.htm

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Provider & clinic team
Tool: One-page CRC recommendations

Colorectal Cancer Screening Recommendations: Adults aged 50 to 75 years old

United States Preventative Services Task Force (USPSTF, 2016)

Stool-based tests

- Looks for blood in the stool
- Take test at home by smearing a stool sample on a card
- Test is mailed or returned directly to clinic/laboratory
- If positive results, follow up requires a colonoscopy

Screening method	Frequency[b]	Evidence of efficacy	Other considerations
HSgFOBT (High Sensitivity Guaiac Fecal Occult Blood Test)	Every year	High-sensitivity versions (eg, Hemoccult SENSA) have superior test performance characteristics than older tests (eg, Hemoccult II)	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT[c] (Fecal Immunochemial Test)	Every year	Test characteristic studies: • Improved accuracy compared with gFOBT • Can be done with a single specimen	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT-DNA	Every 1 or 3 y[d]	Test characteristic studies: • Specificity is lower than for FIT, resulting in more false-positive results, more diagnostic colonoscopies, and more associated adverse events per screening test • Improved sensitivity compared with FIT per single screening test	There is insufficient evidence about appropriate longitudinal follow-up of abnormal findings after a negative diagnostic colonoscopy; may potentially lead to overly intensive surveillance due to provider and patient concerns over the genetic component of the test

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Colorectal Cancer Screening Recommendations: Adults aged 50 to 75 years old

United States Preventative Services Task Force (USPSTF, 2016)

Direct visualization tests

- Looks directly in the colon
- Can prevent cancer by removal of polyps during test
- Test is done every 10 years if no polyps are found
- Test is done at a hospital or clinic

Screening method	Frequency[b]	Evidence of efficacy	Other considerations
Colonoscopy[c]	Every 10 y	Prospective cohort study with mortality end point	Requires less frequent screening. Screening and diagnostic followup of positive results can be performed during the same examination.
CT colonography[e]	Every 5 y	Test characteristic studies	There is insufficient evidence about the potential harms of associated extracolonic findings, which are common
Flexible sigmoidoscopy	Every 5 y	RCTs with mortality end points: Modeling suggests it provides less benefit than when combined with FIT or compared with other strategies	Test availability has declined in the United States
Flexible sigmoidoscopy with FIT[c]	Flexible sigmoidoscopy every 10 y plus FIT every year	RCT with mortality end point (subgroup analysis)	Test availability has declined in the United States Potentially attractive option for patients who want endoscopic screening but want to limit exposure to colonoscopy

Abbreviations: FIT=fecal immunochemical test; FIT-DNA=multitargeted stool DNA test; gFOBT=guaiac-based fecal occult blood test; RCT=randomized clinical trial.

[a] Although a serology test to detect methylated SEPT9 DNA was included in the systematic evidence review, this screening method currently has limited evidence evaluating its use (a single published test characteristic study met inclusion criteria, which found it had a sensitivity to detect colorectal cancer of <50%).[1] It is therefore not included in this table.

[b] Applies to persons with negative findings (including hyperplastic polyps) and is not intended for persons in surveillance programs. Evidence of efficacy is not informative of screening frequency, with the exception of gFOBT and flexible sigmoidoscopy alone.

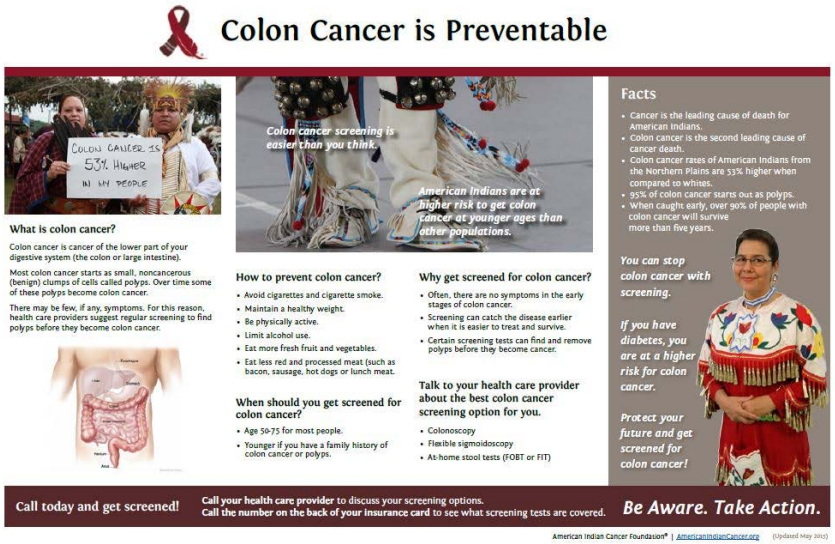
[c] Strategy yields comparable life-years gained (ie, the life-years gained with the noncolonoscopy strategies were within 90% of those gained with the colonoscopy strategy) and an efficient balance of benefits and harms in CISNET modeling.[2]

[d] Suggested by manufacturer.

[e] Strategy yields comparable life-years gained (ie, the life-years gained with the noncolonoscopy strategies were within 90% of those gained with the colonoscopy strategy) and an efficient balance of benefits and harms in CISNET modeling when lifetime number of colonoscopies is used as the proxy measure for the burden of screening, but not if lifetime number of cathartic bowel preparations is used as the proxy measure.[3]

Patient
Tool: Culturally tailored materials

Check out www.AICAF.org/colon for resources available online



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Patient
Tool: Community-specific media

- Radio public service announcements
  - Designed for tribal radio stations to broadcast on getting screened
- Digital Storytelling
  - Teaching tool used to provide education and awareness through visual messaging
- Medicine Wheel Public Access Show

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Community health
Tool: Technical Assistance Program

Technical assistance program is designed for American Indian communities to **build capacity** and **sustainability** in cancer prevention & screening education

Key components are to:

- Host cancer health education trainings:
  - In-person
  - Web-based
- Connect 1:1 with CHW through email/phone
- Brainstorm ideas
- Share successes, barriers, lessons learned

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Community health
Additional CH resources available

- Colorectal cancer 101 education designed for community health workers (CHWs) in partnership with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Tribal Colorectal Health Program
- 1:1 and group education materials (AASTEC)with interactive games.
- http://www.aastec.net/services-programs/tchp/
- http://www.aastec.net/services-programs/tchp/

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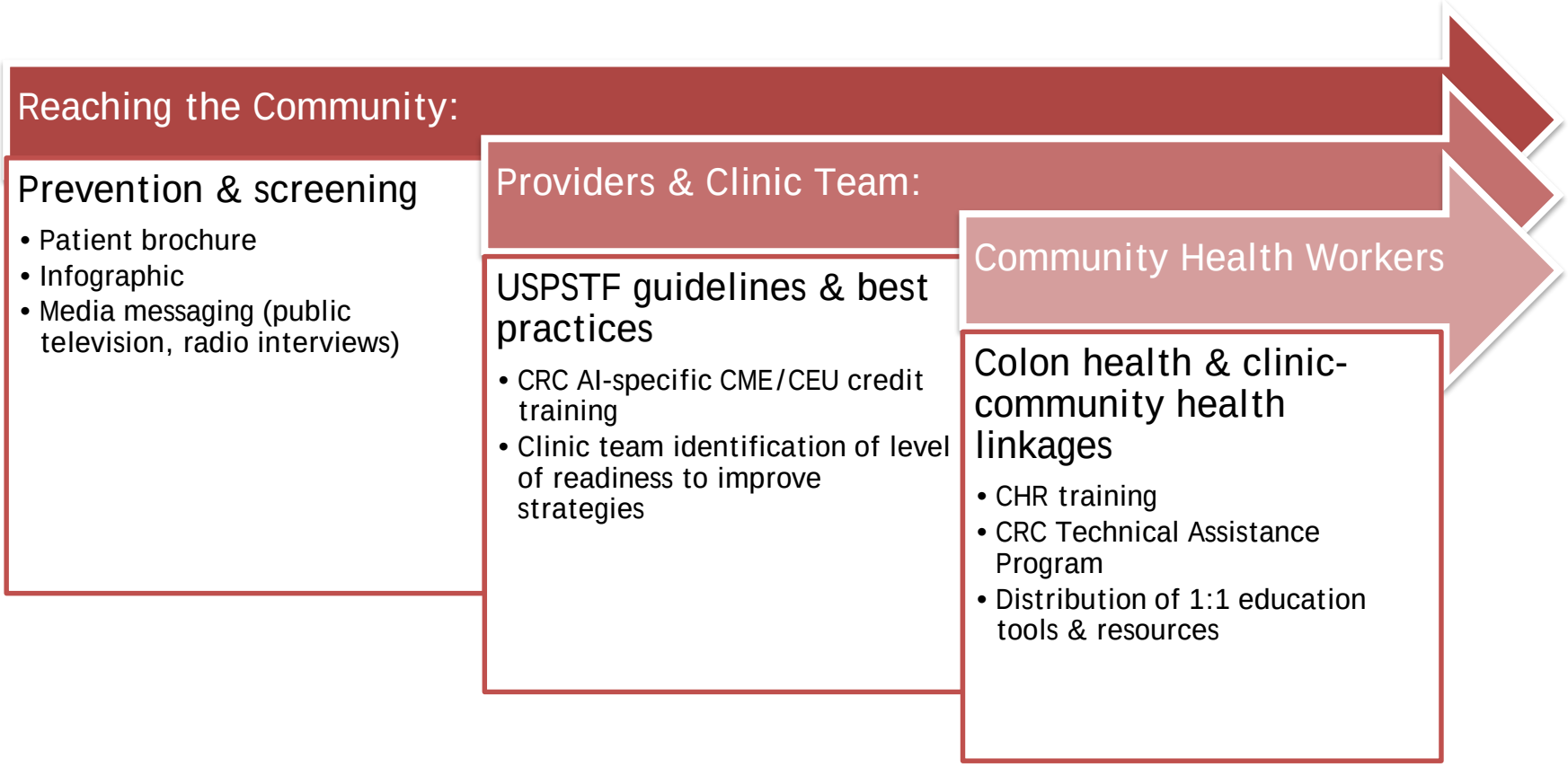
Linking systems: clinic & community through education support



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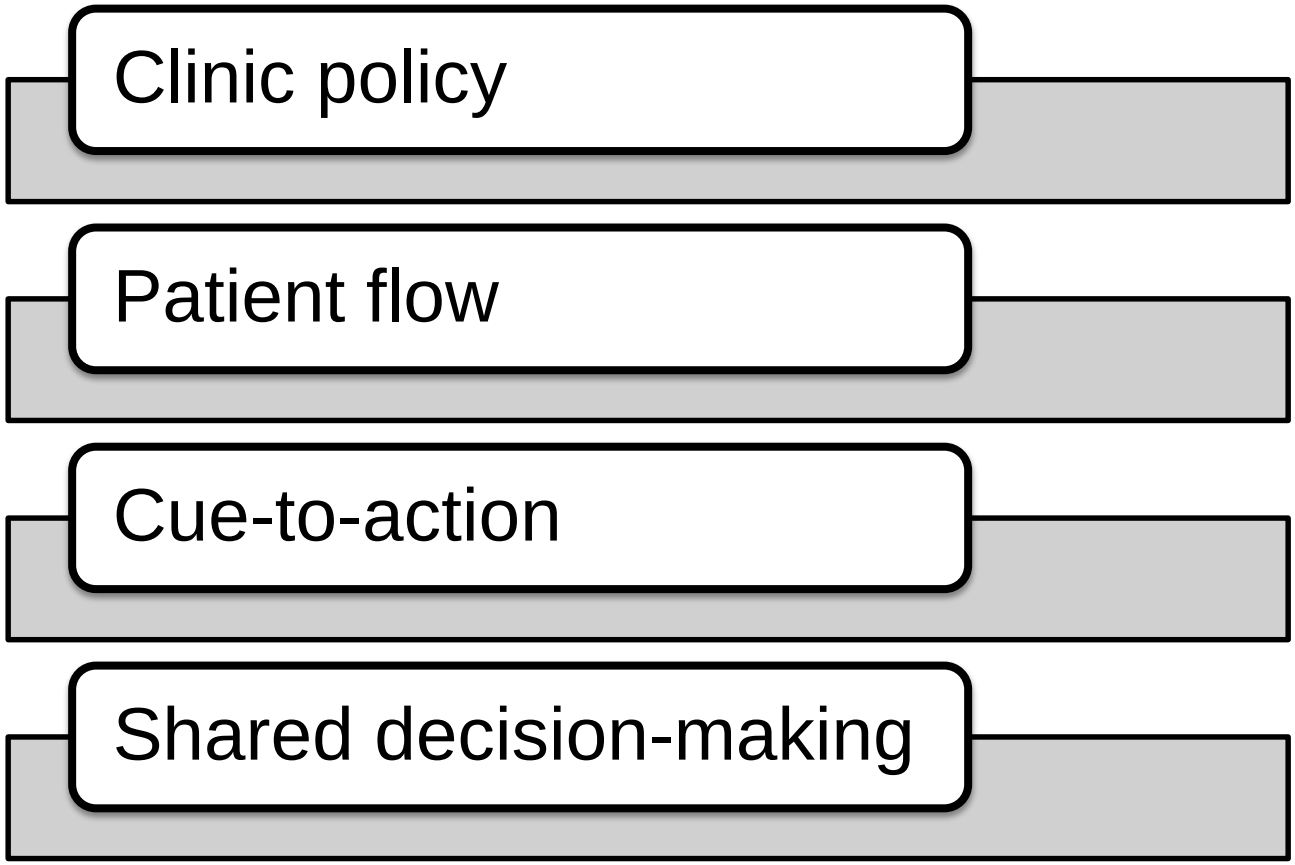
Strategy 2

Clinic Processes

Clinic processes



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Policy: Clinic processes

- Requested policy templates
- Interested to develop screening algorithms

Policy

- Identified opportunistic touchpoints as central tracking (e.g. lab, navigator)
- Initiated steps for MOU with multiple referral sites

Tracking/Follow-up

- Shared barriers to systematically activate prompts
- Identified staff to coordinate EMR

EMR support

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Clinic policy
Tool: CRC policy template

Authorization:

- *Could be signed by Medical Director or committee*

Purpose:

- *Colorectal cancer description, burden, and impact if implemented system.*

Responsibility:

- *Identify roles that must be familiar with patient education colorectal screening options, data entry and patient follow ups.*
- *Reflect process with a PROCESS MAP and embed within template*

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Clinic Policy
Tool: CRC policy template

- ***Goals:*** National Goal Healthy People 2020 and/or GPRA benchmark
- ***Exclusions:***
  - *Individuals who have or have had colorectal cancer*
  - *Individuals who have a family history of colorectal cancer (colonoscopy is only option)*
- ***Reminders:***
  - *Follow up with results*
  - *Reminder system (call and/or for next screening test)*

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Clinic Policy
Tool: CRC policy template

Procedure:

1. ***Who is being screened*** *(i.e. men and women age 50+ due for a screening)*

Note considerations:

- *Average-Risk Men & Women*
- *High-Risk Men & Women (add documentation and refer to "**exemptions**")*

2. *Screen for symptoms and appropriate screening pathway.*
3. *Document response/results. Provide education if needed.*
4. *If FIT test is identified, provide FIT kit test*
5. *Document receipt of FIT kits in patient record*

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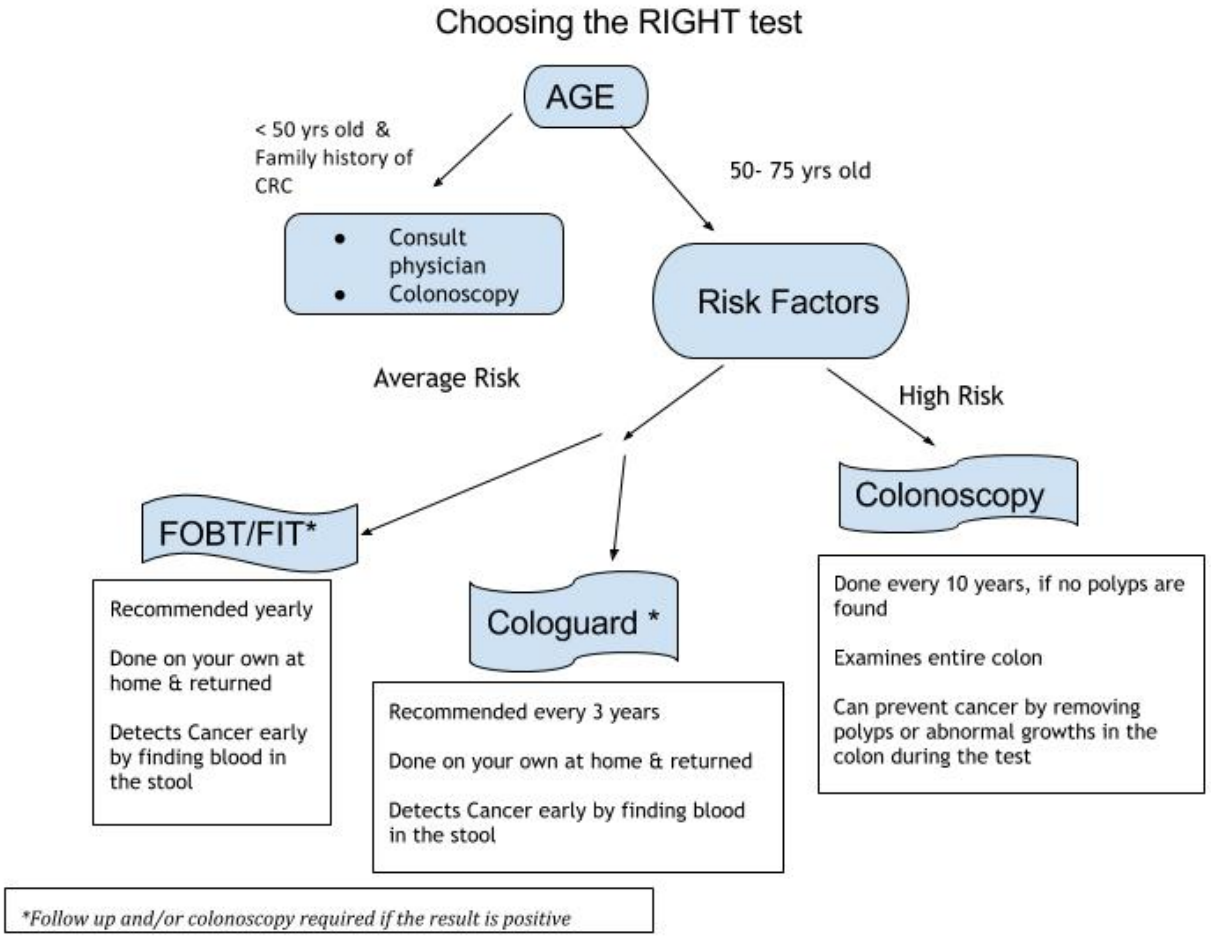
Patient flow
Tool: Process map of CRC options



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Activity: Patient Flow

Goal: Make your own patient flow

1) How would you start your flow?
2) What additional steps(boxes)would you add or eliminate?
3) How did you finalize your flow?
4) In your clinic, who would determine the flow?

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Patient flow
Tool: Tracking tests

Tracking Form for Follow-up: Colorectal Cancer Screening									
Patient Name OR Chart ID	Phone #	Date Test Given	Reminder Date	Result (Pos. or Neg.)	Date PCP Notified	Date Colonoscopy Scheduled	Referral Site Contact	Reminder Date (phone or mail)	Date of Completed Colonoscopy

Adapted from "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox & Guide 2008".

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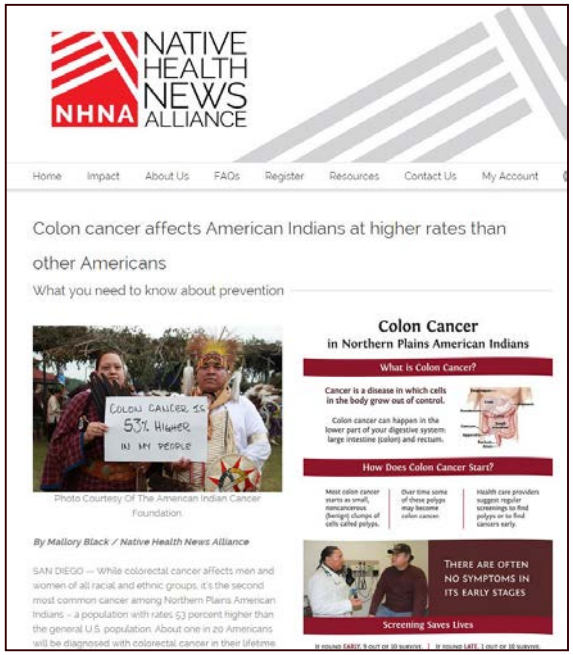
Cue to action
Tool: Community education

- Bring Attention to American Indian Cancer Burdens and Solutions



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Shared Decision-Making
Additional available resources

Brief Questionnaire to Identify Decision Stage*

Use this questionnaire when starting a conversation with a patient about screening. It will help you identify the readiness of the patient for screening.

Describe the specific screening test – e.g., stool blood test, CT colonography (CTC), or colonoscopy (CS), etc.

1. Have you ever heard of a [stool blood test, CTC, CS]?
   - Yes – Go on
   - No – Stop (Stage 1)
2. Are you thinking about doing a [stool blood test, CTC, CS]?
   - Yes – Go on
   - No – Stop (Stage 1)
3. Which of the following statements best describes your thoughts about doing a [stool blood test, CTC, CS] in the future?
   a. I have decided against doing a [stool blood test, CTC, CS]. (Stage 0)
   b. I'm thinking about whether or not to do a [stool blood test, CTC, CS] (Stage 2 or 3)
   c. I have decided to do a [stool blood test, CTC, CS]. (Stage 4)

Responses place the individual in a decision stage related to screening test use:

Stage 0: Decided against

Stage 1: Never heard of

Stage 2: Heard of – not considering

Stage 3: Heard of – considering

- American Cancer Society – Provider tool to determine patient readiness to screen
- American Cancer Society – Provider tool to determine best test for patient

https://www.cancer.org/content/dam/cancer-org/cancer-control/en/reports/decision-stage-flow-chart-for-colorectal-cancer-screening.pdf

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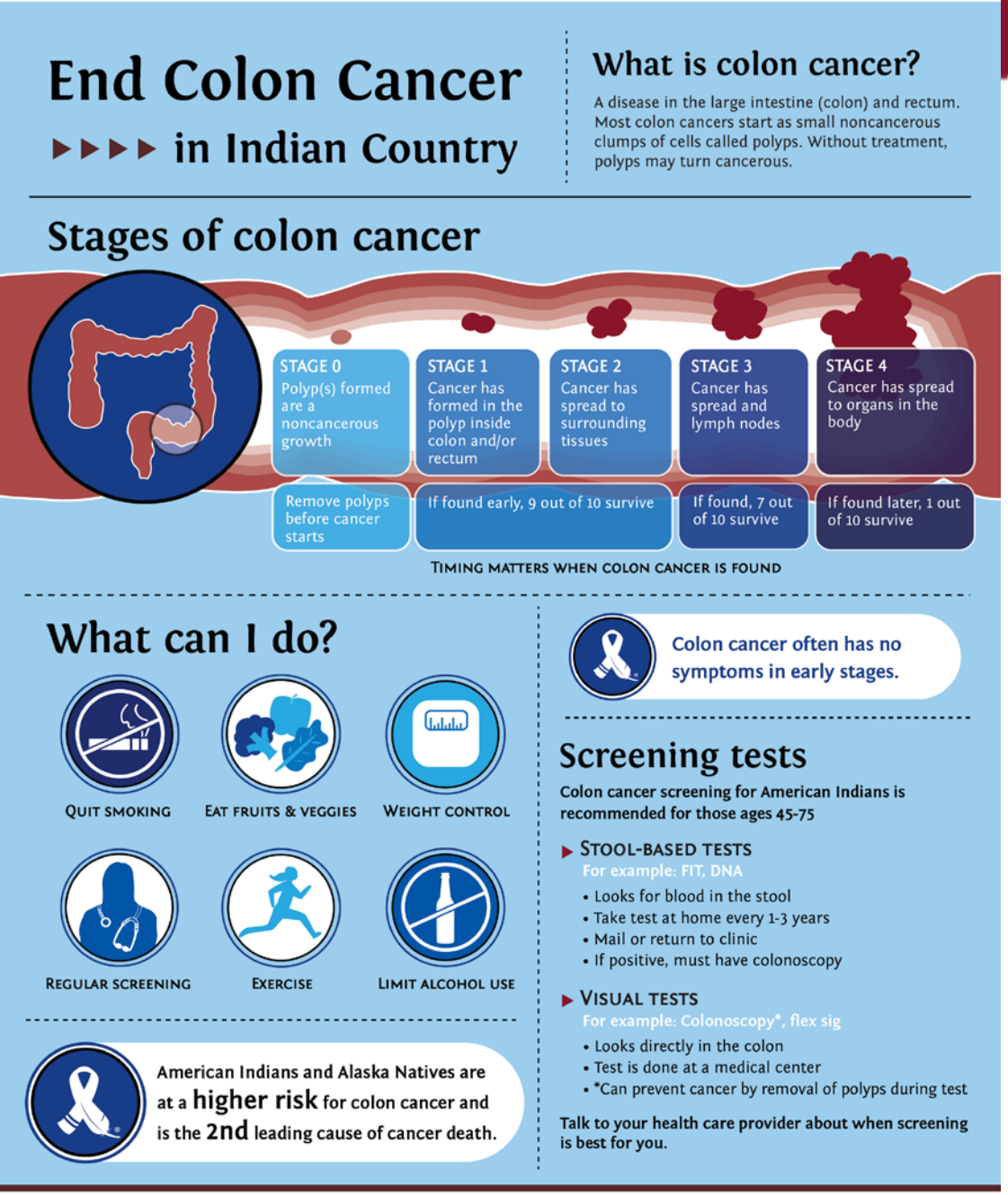

Explanation of importance of screening in early stages to prompt cue-to-action

Screening options listed to encourage shared decision-making

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Strategy 3

Reminder systems

Reminder Systems

- Medical records
- Program reminders through existing resources
- Direct mail

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EMR & chart support
Tool: CRC flagging

- Chart stickers

For charts of patients in the recommended CRC screening age range

Never screened for CRC

*******For patients 50-75*******

Is colon cancer screening needed?
☐ Yes ☐ No

Personal history? ☐ Yes ☐ No Family history? ☐ Yes ☐ No

Referral date: ____/____/____

Results
☐ Negative ☐ Positive

Details: _____

Follow-up
☐ Referral
☐ Screening in _____ year(s)

Previous CRC Screening

*******For patients 50-75*******

Is colon cancer screening needed?
☐ Yes ☐ No

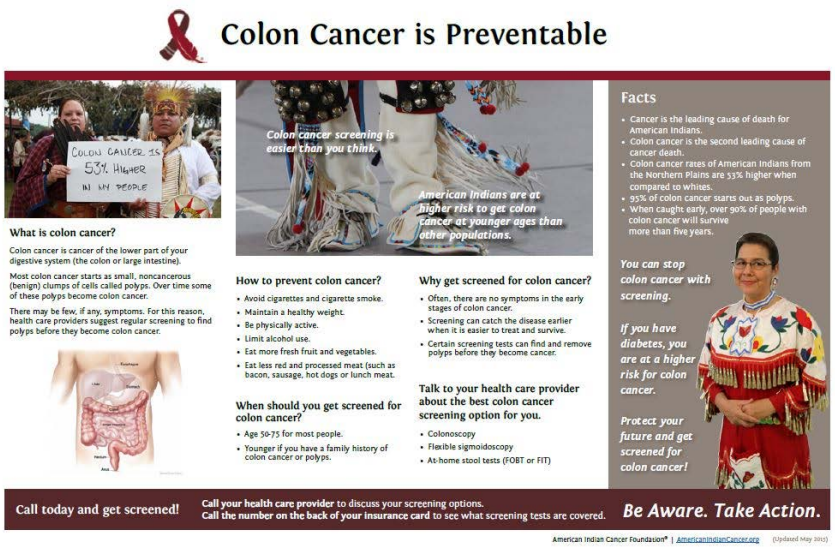
Personal history? ☐ Yes ☐ No Family history? ☐ Yes ☐ No

Referral date: ____/____/____

Results
☐ Negative ☐ Positive

Details: _____

Follow-up
☐ Referral
☐ Screening in _____ year(s)



EMR prompt with educational resource

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Program reminders through existing resources

Additional Resources available: Flu/FIT

A national program, the FLU/FIT program to embeds an opportunity to expand onto an established system for flu vaccinations.

FLU/FIT Program implementation guide by the American Cancer Society and Tribal FLU/FIT materials from AASTEC.

https://www.cancer.org/content/dam/cancer-org/cancer-control/en/reports/american-cancer-society-flufobt-program-implementation-guide-for-primary-care-practices.pdf

http://www.aastec.net/services-programs/tchp/

fluFIT

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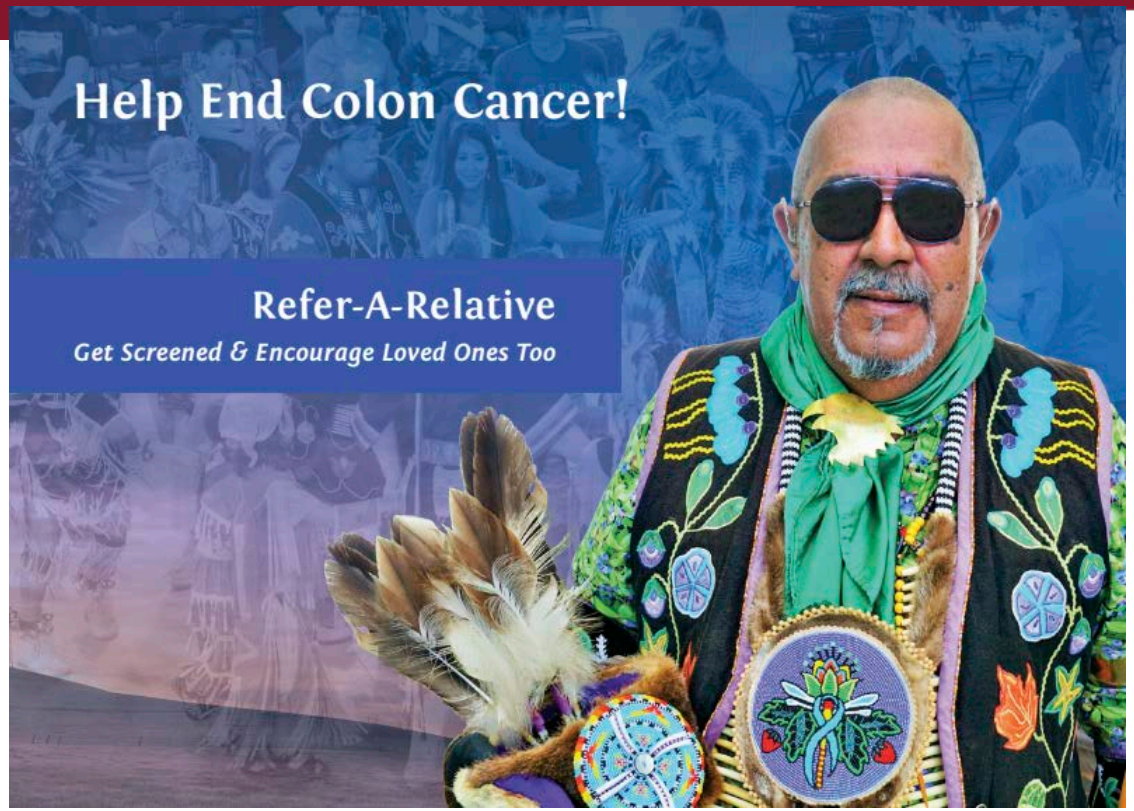
Direct Mail
Tool: Culturally tailored cue-to-action campaign



Refer-a-Relative seeks to:

- Increase colorectal cancer awareness in AI/AN community
- Increase screening rates at clinics
- Encourage peer support along with an incentive
- Builds partnerships across clinics, medical centers, state health depts & AICAF

Community champion helps voice the importance to get screened

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Strategy 4

Measure Practice Progress

Measure practice progress

- Building peer support
- Data and measurement
- Evaluation

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Build peer support

- Dedicate a platform for clinic teams to acknowledge their health system practices:
  - Successes
  - Areas of improvement
  - Opportunity to leverage resources

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Data and measurement

- Identify a baseline of colorectal cancer screening
- Benchmarks over a time period
- Measures effectiveness of strategies to improve screening efforts

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Data and measurement Tool: Screening algorithm

Screening Algorithm to Identify Baseline and Progress in Colorectal Cancer Screening Rates

Additional Data for Medical Review or Quality Audit

An additional data field that includes ICD-9 Code risk information may improve the management of patients whose plan of care includes a higher rate of surveillance or diagnostics

ICD-9	Diagnosis
V16.0	Family history of colon cancer
V10.05-V10.06	History of Colon Cancer
V12.72	History of Colon polyps
153.0-153.9	Malignant neoplasm of the colon
150-154.8	Malignant neoplasm of the rectum
197.4-197.5	Secondary malignant neoplasm
211.2-211.4	Benign neoplasm of the other digestive systems
230.3 – 230.6	Carcinoma in situ of digestive organs
235.2	Neoplasm of uncertain behaviors
556-556.9	Ulcerative colitis
558.9	Other unspecified noninfectious colitis (inflammatory bowel disease)
569.0	Anal & rectal polyp

Adapted from "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox & Guide 2008".

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Evaluation
Tool: Measure your progress

MEASURE YOUR PROGRESS: *Assess Your Communication with the Health System*

Instructions: Work with stakeholders and health systems to answer the following questions throughout the project's timeframe.

Type of Engagement	Question	Current Status	Plan for Change	Measure	Baseline	QTR1	QTR2	QTR3	QTR4
Stakeholder engagement	Who is involved in onsite clinic engagement?			# of stakeholders					
	Who has not been engaged?								
	How does your stakeholders engage with your clinic? (meetings; events)			# of engagements					
Clinic team check-ins	How do you conduct your check-ins?			# of engagements					
	How often are these check-ins held?			# of action items					
	Who participates in these?			# of people					
	Who is missing from these check-ins?								
Trainings & quality improvement	What group clinic team training has occurred?			# of trainings					
	What type of quality improvement strategies does your team lead?			# of QI strategies					
Screening events	How do you conduct your screening events?								
	How frequently?			# of attendees					
	Who attends screening events?			# of groups					
Social media	Type of social media your program uses			# of events					

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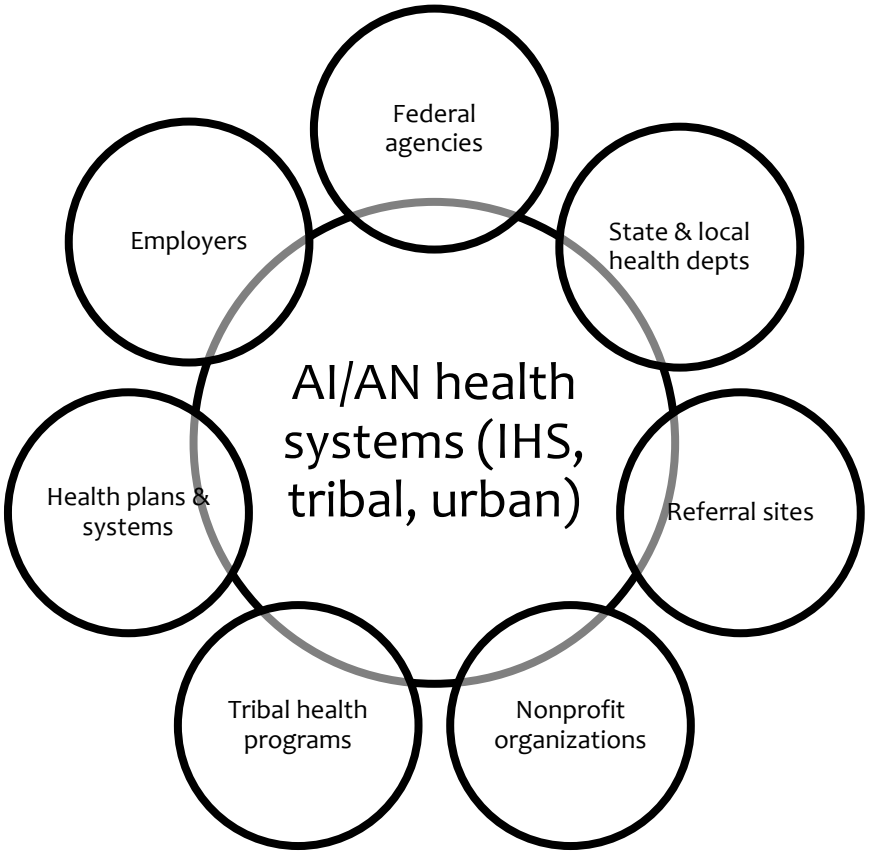
Effective communication & partnerships

Partnerships critical to advance improved cancer care



- Intervention strategies:
  - Clinic trainings
  - QI initiatives
  - Screening events
  - Shared small media distribution

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Toolkit Summary

- Build capacity for providers & clinic teams within AI/AN health systems
- Support sustainable systems improvement
- Model best practices across Indian Country

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American Indian Cancer Foundation:
Clinic & Community Health Technical Assistance

Our team collaborates with AI/AN partners to identify their level of readiness to address new cancer strategies in their health systems.

Technical assistance:

Clinic team engagement
- Needs assessment
- Action plan development

Quality improvement strategies
- Policy templates
- Motivational interviewing
- Process mapping

Link clinic & community health
- Facilitate partner meetings
- Identify strategies

supportive across systems

Trainings:

Skill-building areas
- Train the trainer
- Cancer education
- Best practices
- Continuing education

Interactive activities
- Communication tips
- Education games

Multiple learning formats
- In-person
- Webinar
- Mini web series

Resources:

Culturally tailored tools
- Guidebooks/toolkits
- Small media tools

Education materials
- Provider & clinic teams
- Patients-directed
- Community awareness

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Available now:
Clinic team trainings

- AICAF in partnership with NIHB are hosting trainings within Area Indian Health Boards and AI/AN health systems
  - Contact Anne at awalaszek@aicaf.org if your team is interested to participate

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Latest cancer web series & clinic trainings

- Experts in the field sharing practice based strategies
  - Amanda Bruegl, MD, Gynecologic Oncology
    - 3-part series addressing cervical cancer in AI/AN women
  - Lois Brown, MN, RN, CNP, Nurse Educator
    - Mini series clinic engagement to advance cancer practices in AI/AN health systems
- Sign up today and AICAF will send a “care package” direct to your office

American Indian Cancer Foundation.

Partner with AICAF

Join our online community:

- Sign up for our quarterly newsletter
- Visit www.AICAF.org for resources

Contact our clinic & community health program team:

Joy Rivera, CHW
jrivera@aicaf.org

Anne Walaszek, MPH
awalaszek@aicaf.org

Laura Sioux Roberts, BA
lroberts@aicaf.org

Sambridhi Shrestha, MPH
sshrestha@aicaf.org

Michelle Adelmann, MPH
madelmann@aicaf.org

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