Chronic Disease Partners Talks and Poster Session

SOUTH DAKOTA DEPARTMENT OF HEALTH

Environmental Scan of South Dakota's Mobile Mammography Efforts

Sarah Quail
South Dakota Department of Health
Cancer Programs Coordinator
Sarah.Quail@state.sd.us
605-367-8375

Background

Of South Dakota's 66 counties:

- 30 are designated as rural
- 34 are considered frontier (less than 6 people per sq. mile)


Mobile
Mammography
Center
585.922.PINK
RochesterRegional.org/PINK
ROCHESTER
REGIONAL HEALTH


Mobile
Mammography
Center
585.922.PINK
RochesterRegional.org/PINK
ROCHESTER
REGIONAL HEALTH

What specific areas of SD are covered by your mobile unit?
How often is your mobile unit going out?
    a. Is there a set schedule or do the units only go out as requested?
On average, how many women are being seen by each unit every year?
    a. How do you track this number?
Are there any barriers you are facing in regard to your mobile unit? (Are women not showing up for appointments? Has it become more difficult to use mobile units now with digital mammograms? Are travel costs a barrier?)
What kind of communication is done prior to the mobile unit visiting a community?
    a. Do you partner with local businesses, clinics, etc. to spread the word about the mobile unit?
Does your organization have the capacity to go out more frequently to communities?
    a. Do you feel like there is a need to do more frequent visits to communities within your service area?
    b. Would you ever consider expanding your service area to reach additional counties in SD that don't currently have access to a mobile unit?
    c. If yes to either of the above questions, what would be needed in order to make this happen (commitment from women ahead of time, grant funds to pay for travel costs, etc.)?
    d. Are you aware that the Indian Health Services mobile unit that used to travel to South Dakota's reservations is no longer operating?
        i. IHS clinics have funding available to pay Avera or Sanford units to visit. Would you be interested in having more conversations about this?

Can any woman aged 40 or older receive a mammogram on the mobile unit?

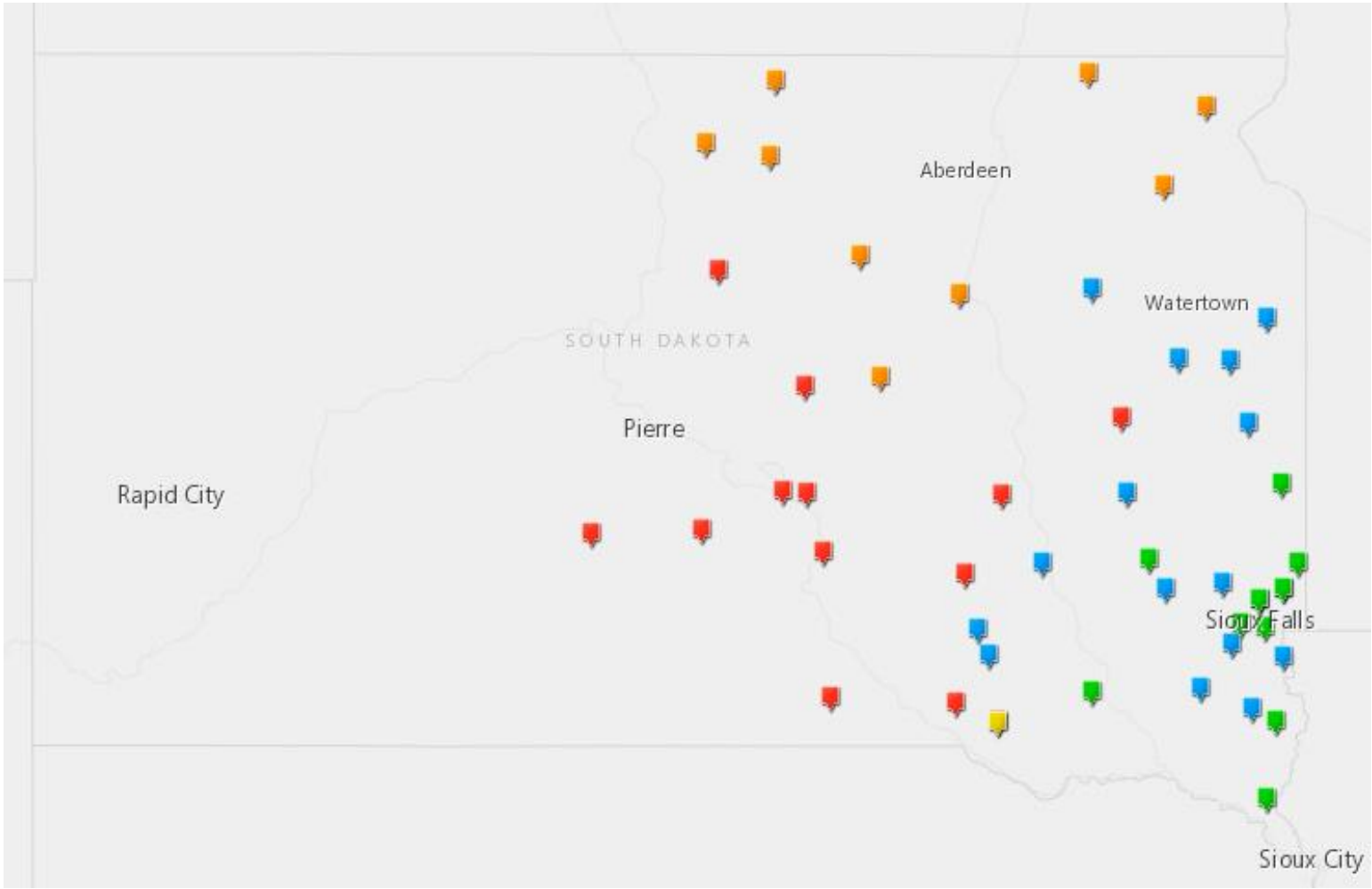
a. Does she need a referral from her provider?
b. How does the billing process work?
c. Can women be enrolled in AWC! to pay for the cost of the mammogram?
d. How is follow-up handled? Is the woman's primary care provider notified of the results, and if so, how? Also, how is the woman notified of her results?
e. Is the protocol different for IHS facilities?

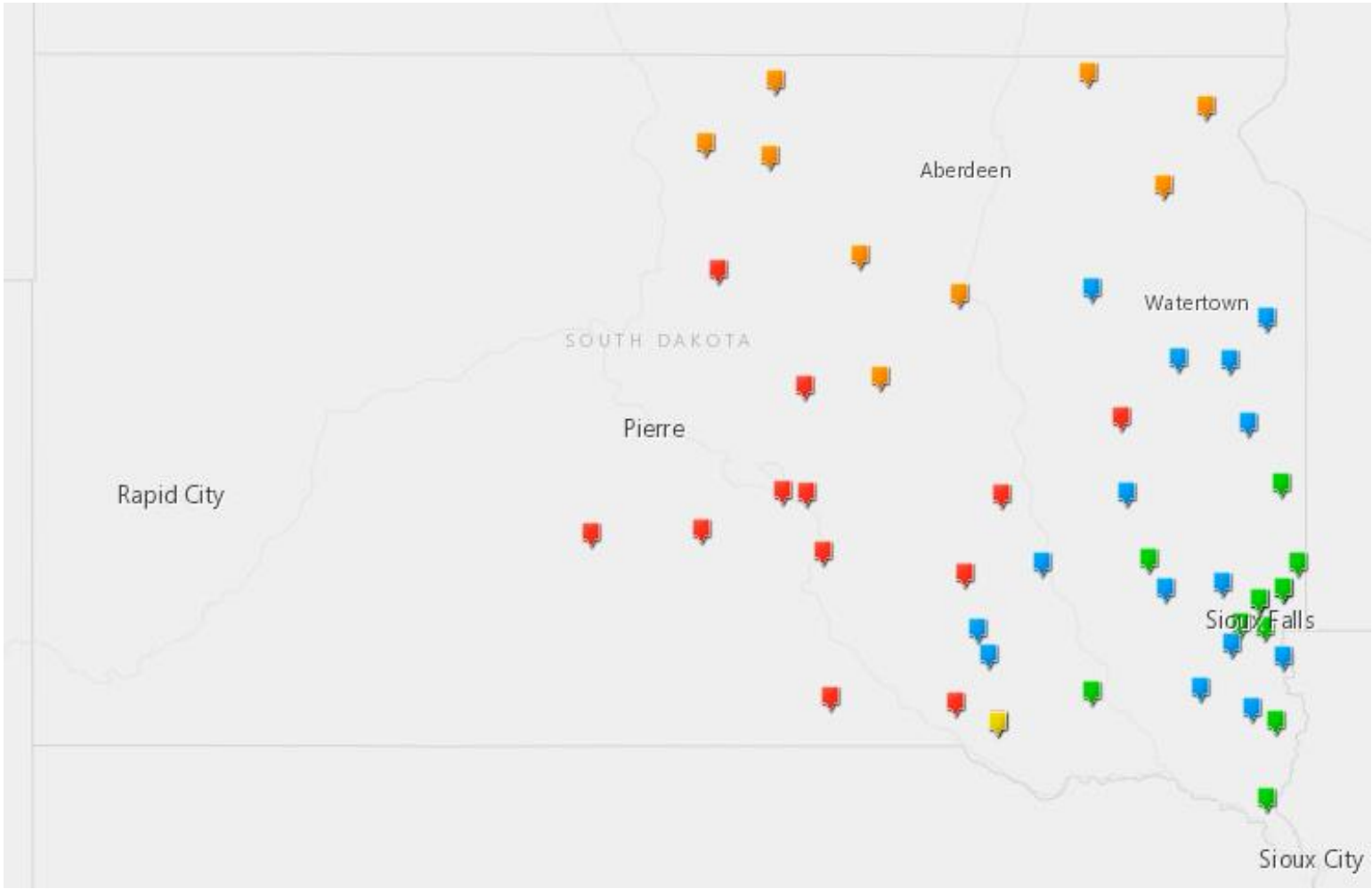
Can we share information about your mobile unit, including where it's stationed and where it can travel to, on an interactive map online for the public to view?

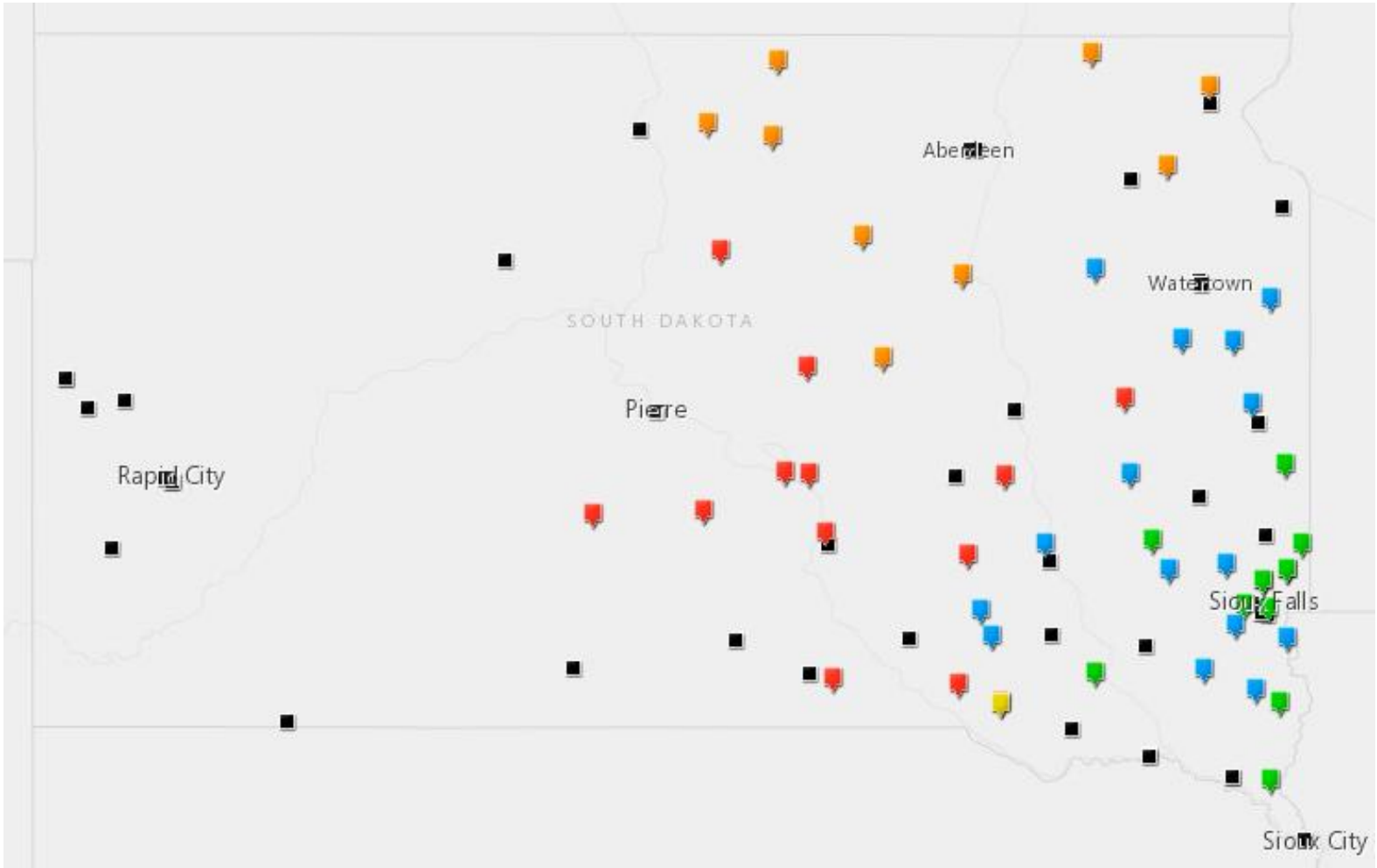
a. If yes, collect:
    i. Name of mobile unit
    ii. Contact information
    iii. Website
    iv. Counties/communities covered by the unit
    v. Street address where the unit is stationed

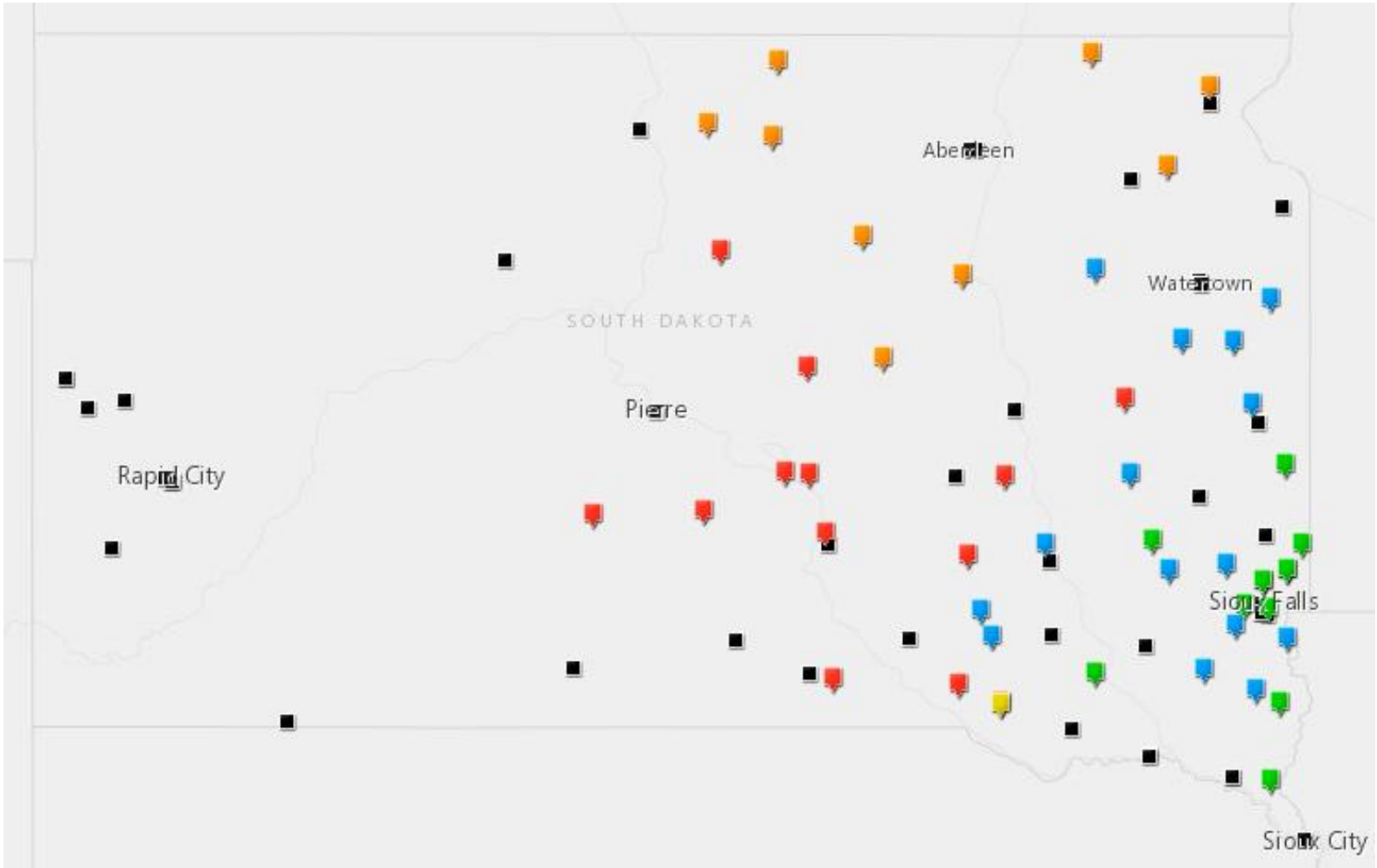
Outcomes from Key Informant Interviews

Outcomes from Key Informant Interviews

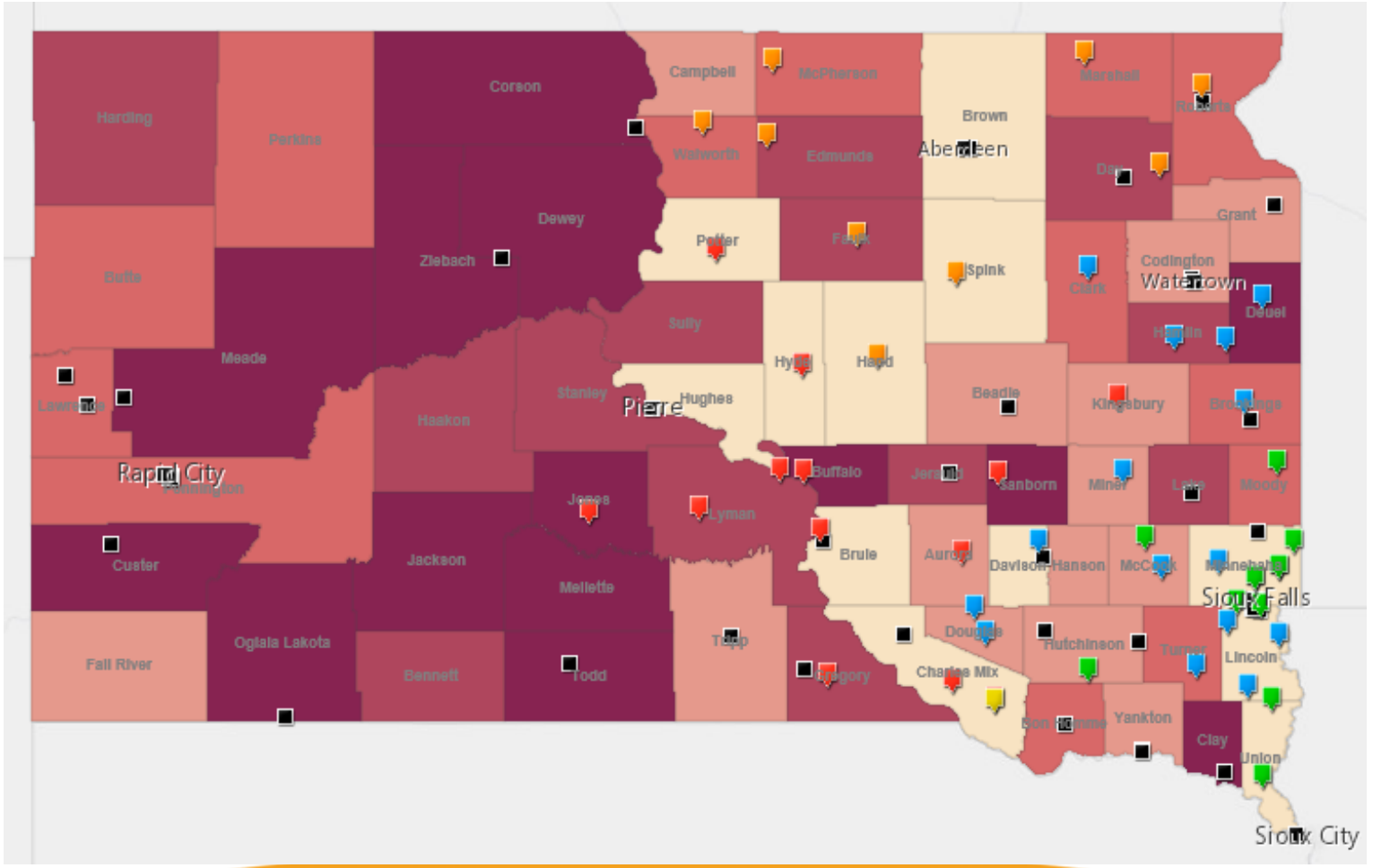

Aberdeen
Watertown
SOUTH DAKOTA
Pierre
Rapid City
Sioux Falls
Sioux City


Aberdeen
Watertown
SOUTH DAKOTA
Pierre
Rapid City
Sioux Falls
Sioux City

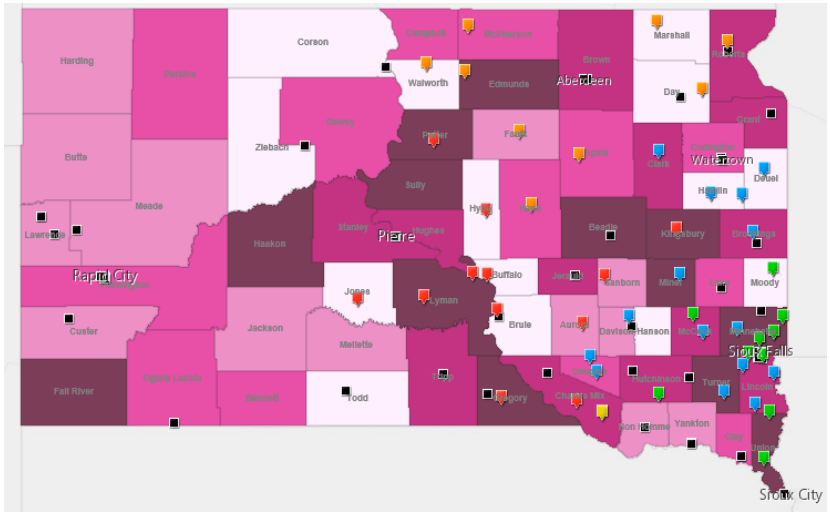

Aberdeen
Watertown
SOUTH DAKOTA
Pierre
Rapid City
Sioux Falls
Sioux City


Aberdeen
Watertown
SOUTH DAKOTA
Pierre
Rapid City
Sioux Falls
Sioux City

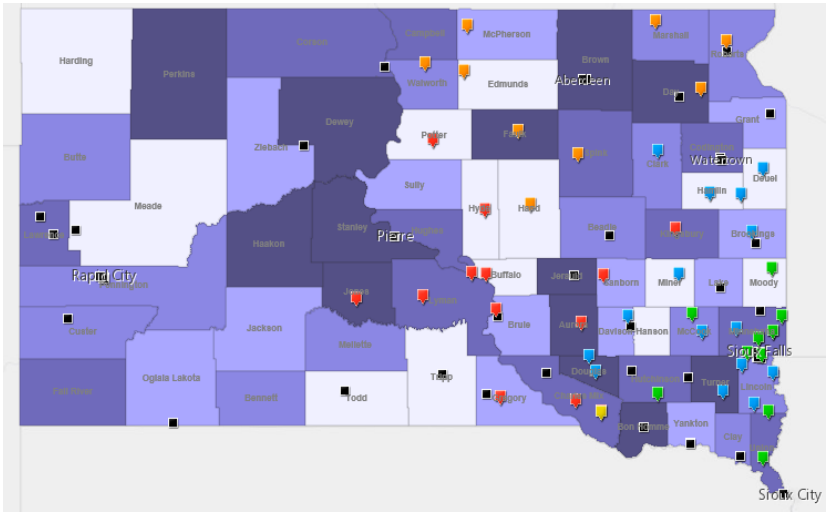
Had a Mammogram in the Past Two Years

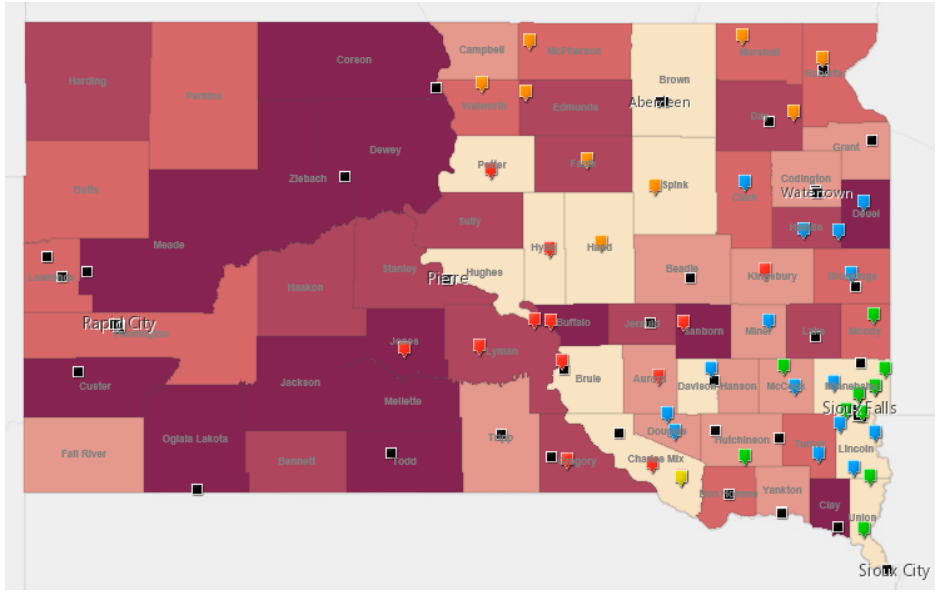


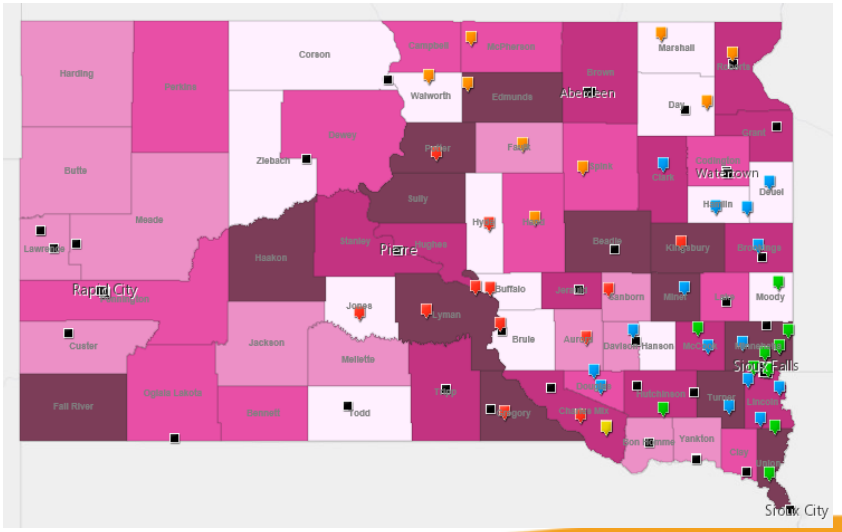
Age-Adjusted Breast Cancer Incidence Rate

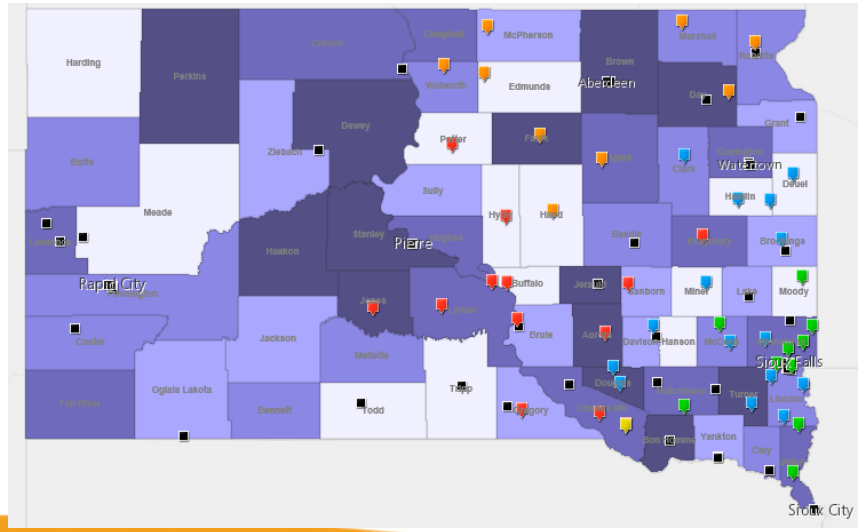


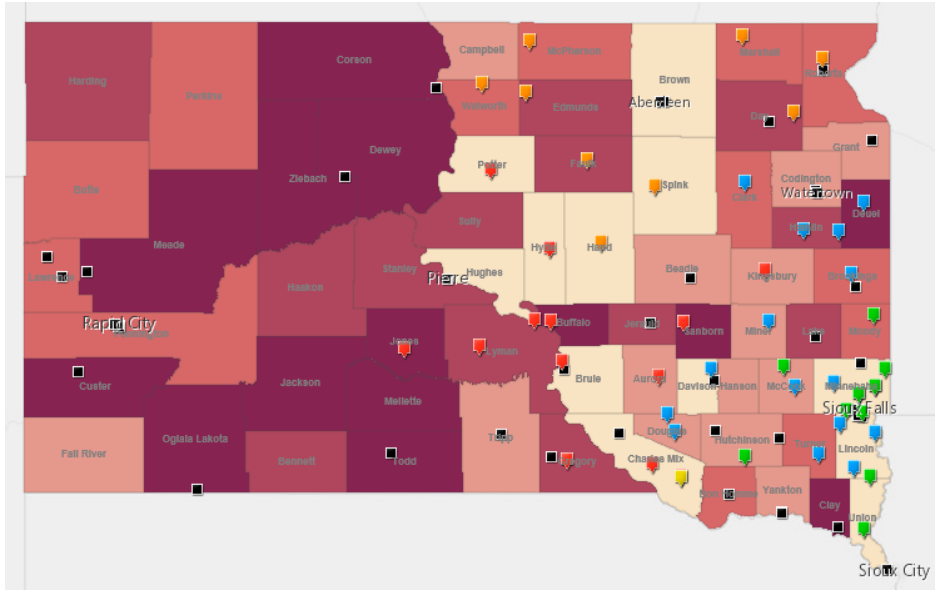
Age-Adjusted Breast Cancer Mortality Rate

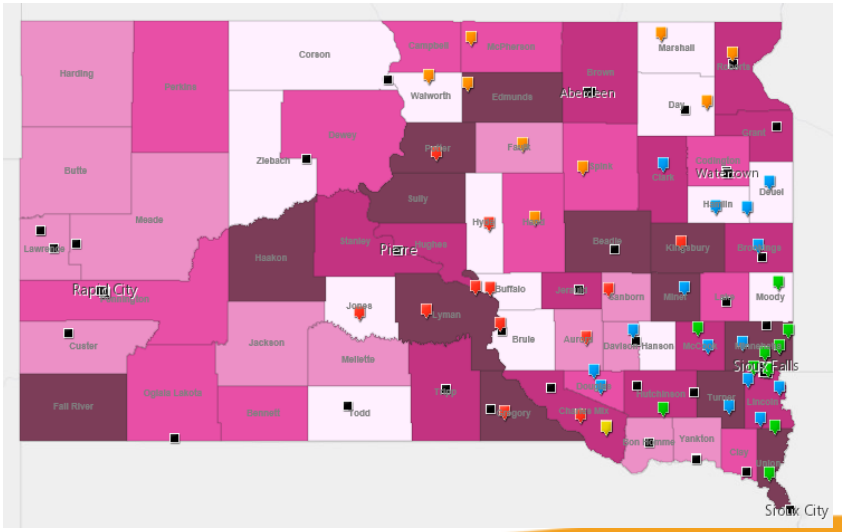


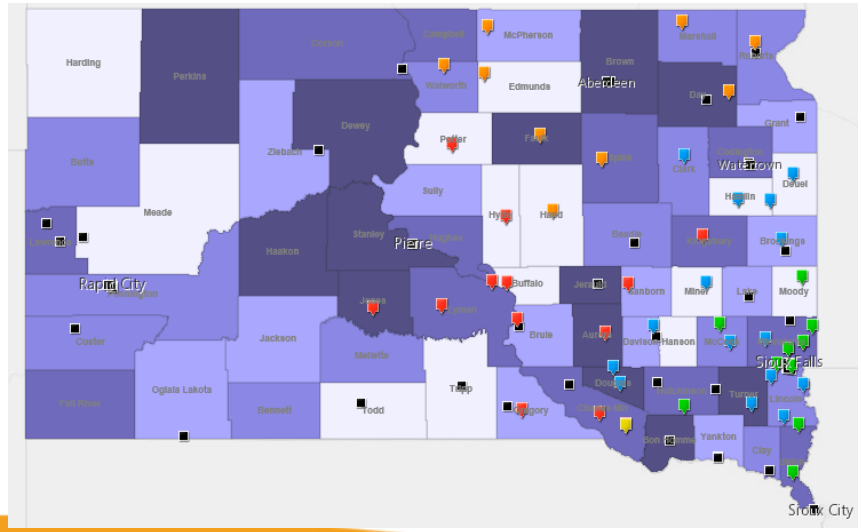

Harding
Perkins
Corson
Campbell
McPherson
Brown
Marshall
Roberts
Walworth
Edmunds
Aberdeen
Dewey
Potter
Grant
Butte
Ziebach
Spink
Codington
Watertown
Clark
Deuel
Sully
Meade
Hyde
Hand
Stanley
Pierre
Hughes
Beadle
Kingsbury
Haakon
Rapid City
Buffalo
Jerauld
Sanborn
Miner
Lake
Moody
Jones
Lyman
Custer
Jackson
Mellette
Brule
Aurora
Davison
Hanson
McCook
Minnehaha
Sioux Falls
Fall River
Oglala Lakota
Bennett
Todd
Tripp
Gregory
Douglas
Hutchinson
Turner
Lincoln
Charles Mix
Bon Homme
Yankton
Clay
Union
Sioux City


Harding
Perkins
Corson
Campbell
McPherson
Marshall
Walworth
Edmunds
Aberdeen
Dewey
Potter
Butte
Ziebach
Spink
Codington
Watertown
Clark
Deuel
Sully
Meade
Hyde
Hand
Stanley
Pierre
Hughes
Beadle
Kingsbury
Haakon
Rapid City
Buffalo
Jerauld
Sanborn
Miner
Lake
Moody
Jones
Lyman
Custer
Jackson
Mellette
Brule
Aurora
Davison
Hanson
Sioux Falls
Fall River
Oglala Lakota
Bennett
Todd
Tripp
Gregory
Yankton
Clay
Sioux City


Harding
Perkins
McPherson
Brown
Marshall
Walworth
Edmunds
Aberdeen
Dewey
Potter
Grant
Butte
Ziebach
Spink
Codington
Watertown
Clark
Deuel
Sully
Meade
Hyde
Hand
Stanley
Pierre
Beadle
Haakon
Rapid City
Buffalo
Jerauld
Sanborn
Miner
Lake
Moody
Custer
Jackson
Mellette
Brule
Aurora
Davison
Hanson
Sioux Falls
Fall River
Oglala Lakota
Bennett
Todd
Tripp
Gregory
Yankton
Clay
Sioux City


Harding
Perkins
Corson
Campbell
McPherson
Brown
Marshall
Roberts
Walworth
Edmunds
Aberdeen
Dewey
Potter
Grant
Butte
Ziebach
Spink
Codington
Watertown
Clark
Deuel
Sully
Meade
Hyde
Hand
Stanley
Pierre
Hughes
Beadle
Kingsbury
Haakon
Rapid City
Buffalo
Jerauld
Sanborn
Miner
Lake
Moody
Jones
Lyman
Custer
Jackson
Mellette
Brule
Aurora
Davison
Hanson
McCook
Minnehaha
Sioux Falls
Fall River
Oglala Lakota
Bennett
Todd
Tripp
Gregory
Douglas
Hutchinson
Turner
Lincoln
Charles Mix
Bon Homme
Yankton
Clay
Union
Sioux City


Harding
Perkins
Corson
Campbell
McPherson
Marshall
Walworth
Edmunds
Aberdeen
Dewey
Potter
Butte
Ziebach
Spink
Codington
Watertown
Clark
Deuel
Sully
Meade
Hyde
Hand
Stanley
Pierre
Hughes
Beadle
Kingsbury
Haakon
Rapid City
Buffalo
Jerauld
Sanborn
Miner
Lake
Moody
Jones
Lyman
Custer
Jackson
Mellette
Brule
Aurora
Davison
Hanson
Sioux Falls
Fall River
Oglala Lakota
Bennett
Todd
Tripp
Gregory
Yankton
Clay
Sioux City


Harding
Perkins
McPherson
Brown
Marshall
Walworth
Edmunds
Aberdeen
Dewey
Potter
Grant
Butte
Ziebach
Spink
Codington
Watertown
Clark
Deuel
Sully
Meade
Hyde
Hand
Stanley
Pierre
Beadle
Haakon
Rapid City
Buffalo
Jerauld
Sanborn
Miner
Lake
Moody
Custer
Jackson
Mellette
Brule
Aurora
Davison
Hanson
Sioux Falls
Fall River
Oglala Lakota
Bennett
Todd
Tripp
Gregory
Yankton
Clay
Sioux City

Full Report and Link to the GIS Map:

https://www.cancersd.com/evaluation-and-outcomes/

Environmental Scan of South Dakota's Mobile Mammography Efforts

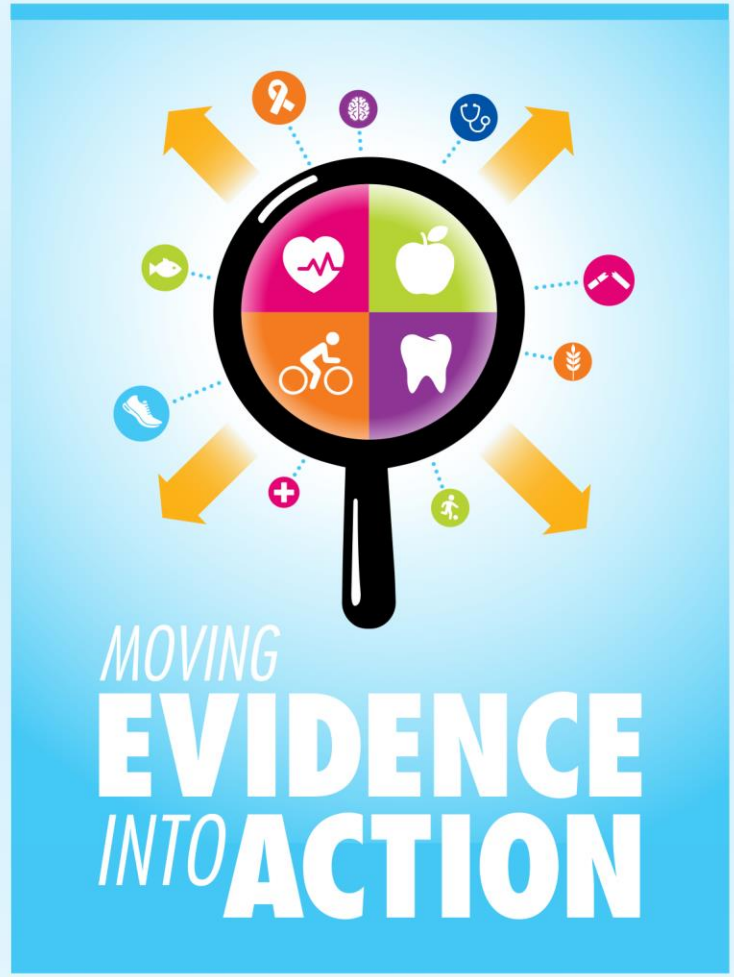
Full Report and Link to the GIS Map:

https://www.cancersd.com/evaluation-and-outcomes/

Environmental Scan of South Dakota's Mobile Mammography Efforts

Thank you!

Sarah Quail
South Dakota Department of Health
Cancer Programs Coordinator
Sarah.Quail@state.sd.us
605-367-8375


MOVING
EVIDENCE
INTO ACTION

UTILIZING COMMUNITY PARTNERSHIPS TO ENHANCE PROGRAM REACH


SOUTH DAKOTA
DEPARTMENT OF HEALTH


helpline
DIAL 2·1·1
center


helpline
DIAL 2·1·1
center


All
Women
Count!

SOUTH DAKOTA
DEPARTMENT OF HEALTH

Intervention Goal

INCREASE

- BREAST SCREENING
- CERVICAL SCREENING

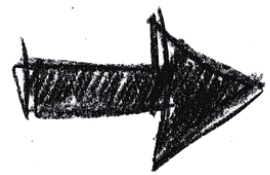
30-64

"Would you be interested in speaking with a Health Navigator regarding health information?"

FIND A LOCAL PROVIDER

SCHEDULE AN APPOINTMENT

PROVIDE APPOINTMENT REMINDERS




HOSPITAL

500

REACHED

150

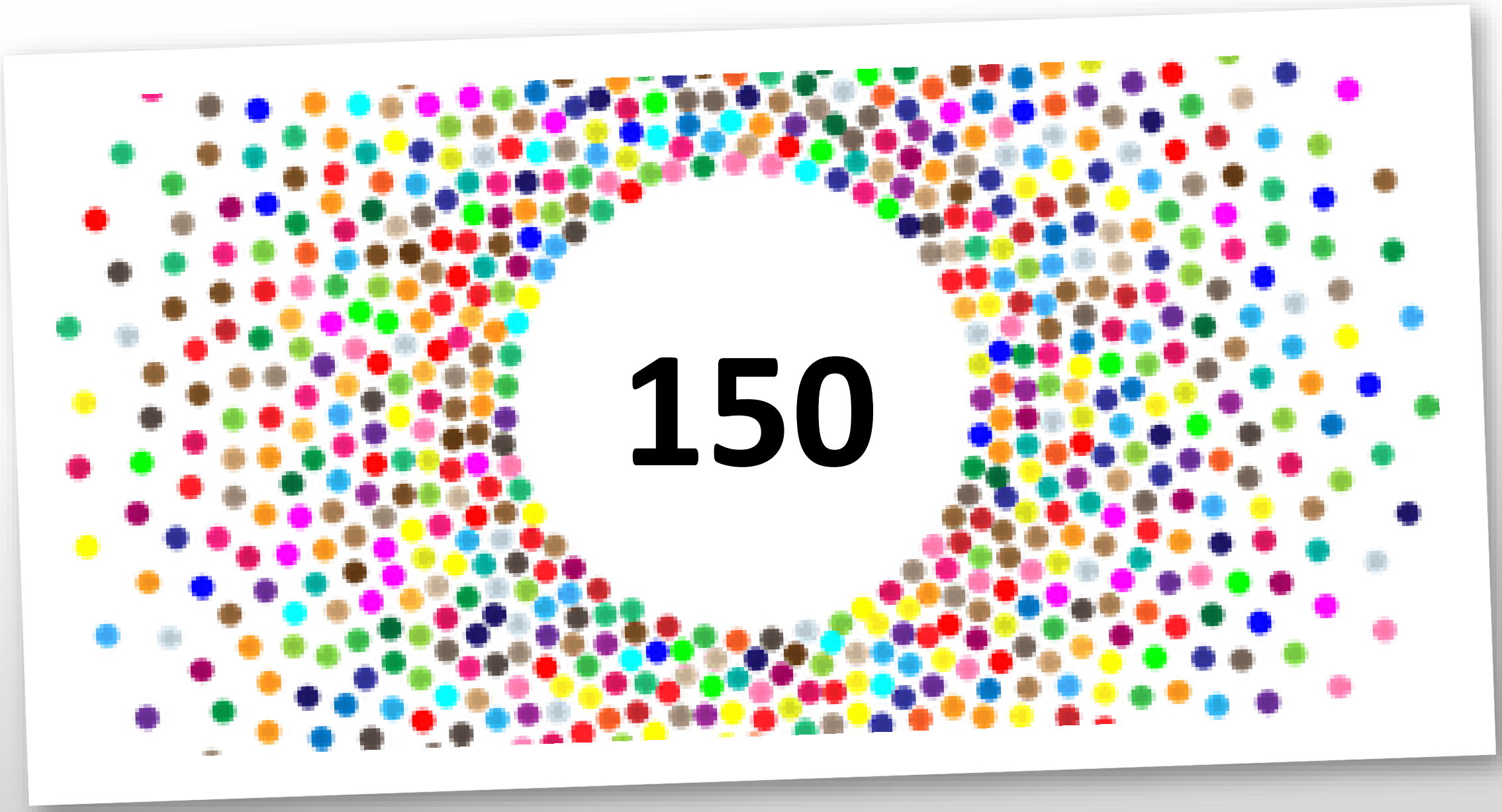
REFERRED

65

COVERED BY AWC!

MALE OR FEMALE

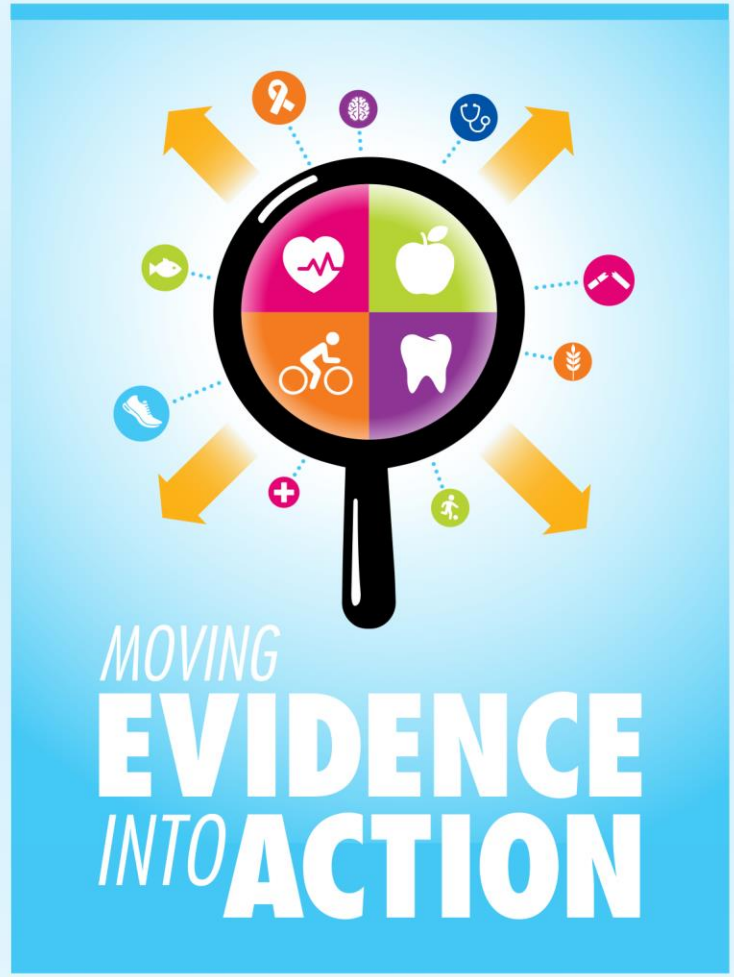
AGES 18-64


150

EXPANDED HEALTH NAVIGATION PROGRAM TOPICS

- smoking cessation
- medical transportation
- prescription assistance
- appointment management
- medical expense assistance
- insurance
- diabetes management
- establishing primary care


idea
plan
action


MOVING
EVIDENCE
INTO ACTION

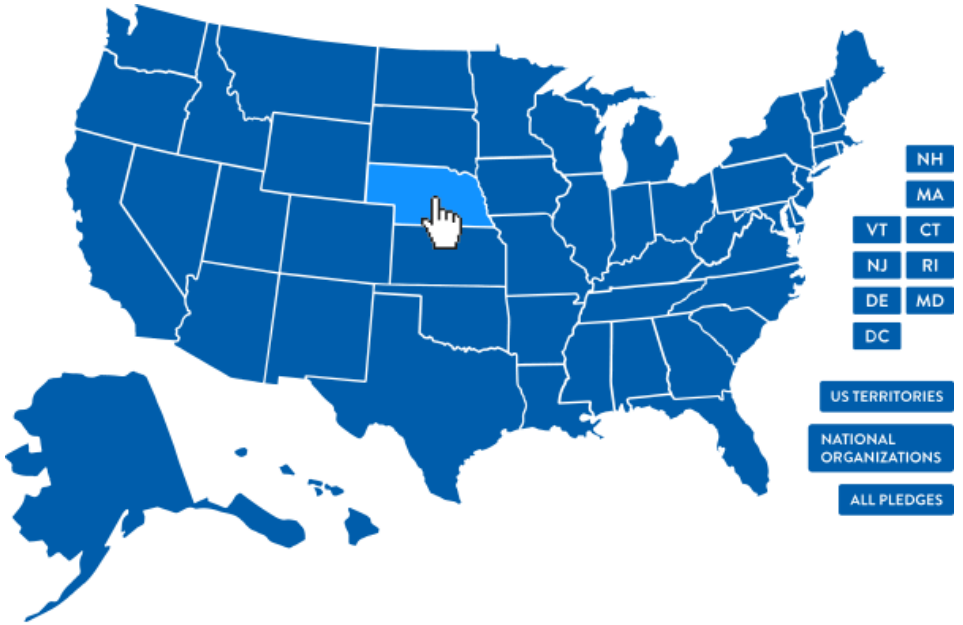
Links to Care:
Improving colonoscopy access for Community Health Center patients

THE OFFICIAL SPONSOR OF BIRTHDAYS.®

American Cancer Society®

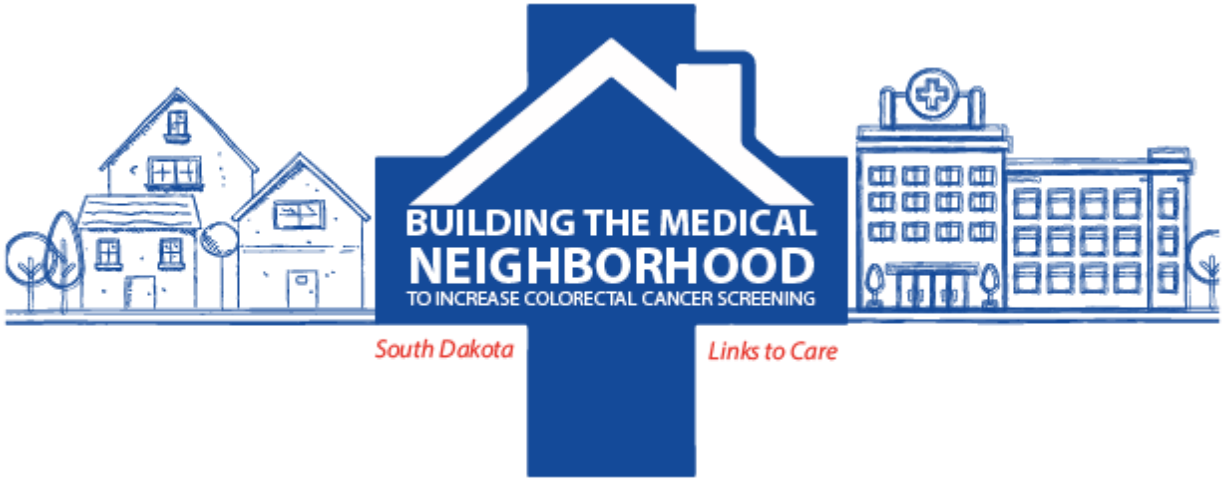
Our Links to Care Story

- What we have learned including:
  - How the project was implemented
  - Key partnerships
  - Successes
  - What's next



What is Links to Care Initiative?

- Identify solutions for uninsured Community Health Center patients to access colonoscopy following a positive stool test



The Problem

- Community Health Centers (CHCs) serve low-income, uninsured/underinsured populations
- CRC screening can be provided at low cost through stool testing

The Problem

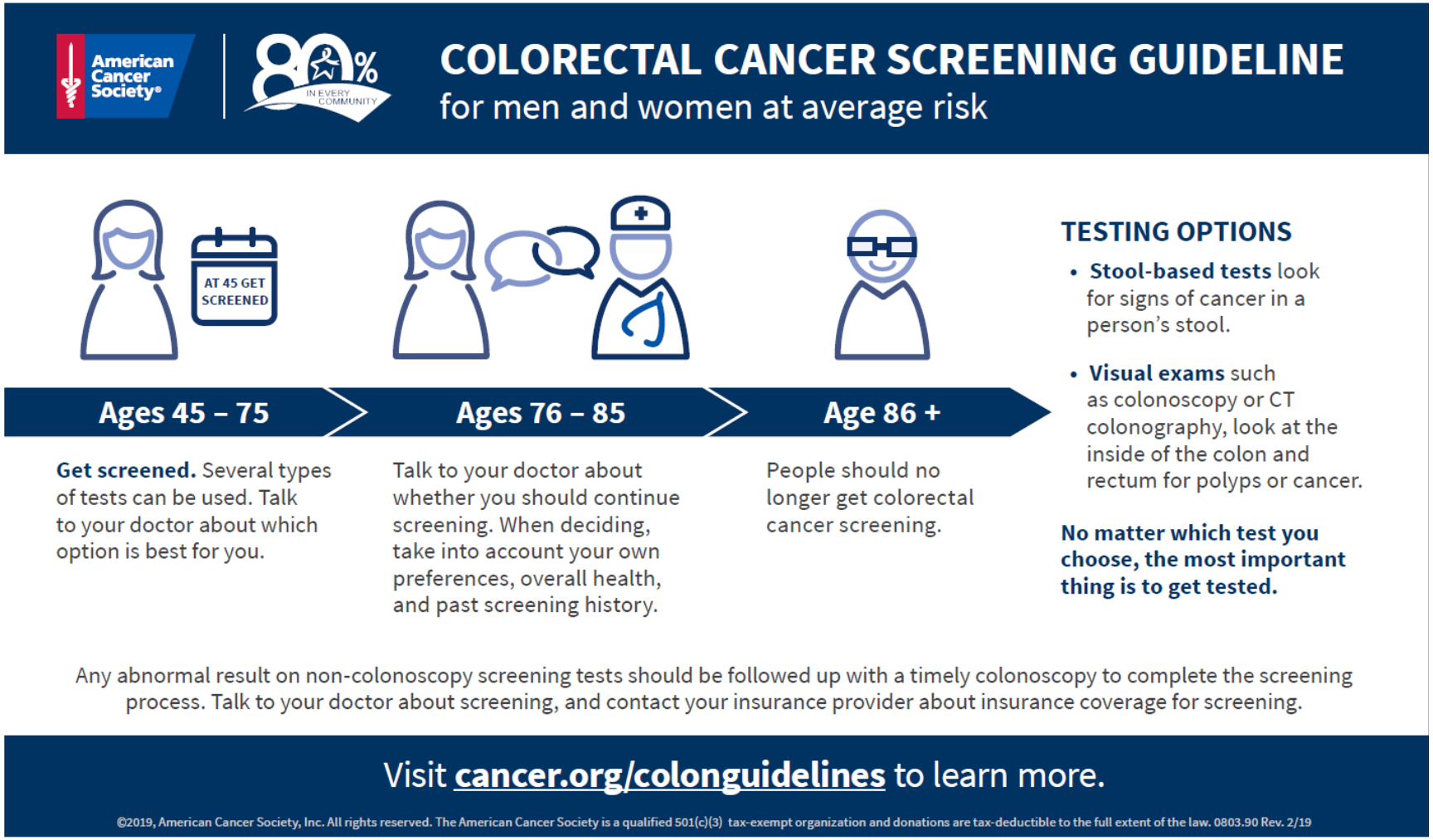
- Lack of access to follow up colonoscopy needed, if stool test abnormal
- Need to create a more cohesive Medical Neighborhood to provide care across the continuum

Goals

1) Increase timely access to GI specialists after a positive screening result.

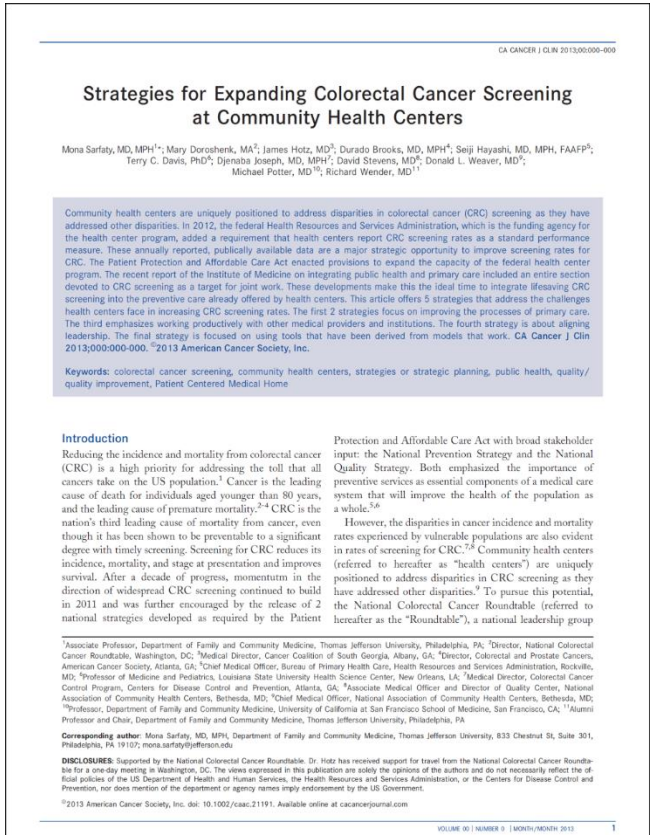
2) Build linkages between primary care and specialty care to improve colorectal cancer screening.

Recommendations for CRC Screening



80% Colorectal Cancer Screening

The Beginning - Links to Care



CA CANCER J CLIN 2013;00:000–000

Strategies for Expanding Colorectal Cancer Screening at Community Health Centers

Mona Sarfaty, MD, MPH[1]*; Mary Doroshenk, MA[2]; James Hotz, MD[3]; Durado Brooks, MD, MPH[4]; Seiji Hayashi, MD, MPH, FAAFP[5]; Terry C. Davis, PhD[6]; Djenaba Joseph, MD, MPH[7]; David Stevens, MD[8]; Donald L. Weaver, MD[9]; Michael Potter, MD[10]; Richard Wender, MD[11]

Community health centers are uniquely positioned to address disparities in colorectal cancer (CRC) screening as they have addressed other disparities. In 2012, the federal Health Resources and Services Administration, which is the funding agency for the health center program, added a requirement that health centers report CRC screening rates as a standard performance measure. These annually reported, publically available data are a major strategic opportunity to improve screening rates for CRC. The Patient Protection and Affordable Care Act enacted provisions to expand the capacity of the federal health center program. The recent report of the Institute of Medicine on integrating public health and primary care included an entire section devoted to CRC screening as a target for joint work. These developments make this the ideal time to integrate lifesaving CRC screening into the preventive care already offered by health centers. This article offers 5 strategies that address the challenges health centers face in increasing CRC screening rates. The first 2 strategies focus on improving the processes of primary care. The third emphasizes working productively with other medical providers and institutions. The fourth strategy is about aligning leadership. The final strategy is focused on using tools that have been derived from models that work. **CA Cancer J Clin 2013;000:000–000.** ©**2013 American Cancer Society, Inc.**

Keywords: colorectal cancer screening, community health centers, strategies or strategic planning, public health, quality/quality improvement, Patient Centered Medical Home

Introduction

Reducing the incidence and mortality from colorectal cancer (CRC) is a high priority for addressing the toll that all cancers take on the US population.[1] Cancer is the leading cause of death for individuals aged younger than 80 years, and the leading cause of premature mortality.[2-4] CRC is the nation's third leading cause of mortality from cancer, even though it has been shown to be preventable to a significant degree with timely screening. Screening for CRC reduces its incidence, mortality, and stage at presentation and improves survival. After a decade of progress, momentum in the direction of widespread CRC screening continued to build in 2011 and was further encouraged by the release of 2 national strategies developed as required by the Patient Protection and Affordable Care Act with broad stakeholder input: the National Prevention Strategy and the National Quality Strategy. Both emphasized the importance of preventive services as essential components of a medical care system that will improve the health of the population as a whole.[5,6]

However, the disparities in cancer incidence and mortality rates experienced by vulnerable populations are also evident in rates of screening for CRC.[7,8] Community health centers (referred to hereafter as "health centers") are uniquely positioned to address disparities in CRC screening as they have addressed other disparities.[9] To pursue this potential, the National Colorectal Cancer Roundtable (referred to hereafter as the "Roundtable"), a national leadership group

[1]Associate Professor, Department of Family and Community Medicine, Thomas Jefferson University, Philadelphia, PA; [2]Director, National Colorectal Cancer Roundtable, Washington, DC; [3]Medical Director, Cancer Coalition of South Georgia, Albany, GA; [4]Director, Colorectal and Prostate Cancers, American Cancer Society, Atlanta, GA; [5]Chief Medical Officer, Bureau of Primary Health Care, Health Resources and Services Administration, Rockville, MD; [6]Professor of Medicine and Pediatrics, Louisiana State University Health Science Center, New Orleans, LA; [7]Medical Director, Colorectal Cancer Control Program, Centers for Disease Control and Prevention, Atlanta, GA; [8]Associate Medical Officer and Director of Quality Center, National Association of Community Health Centers, Bethesda, MD; [9]Chief Medical Officer, National Association of Community Health Centers, Bethesda, MD; [10]Professor, Department of Family and Community Medicine, University of California at San Francisco School of Medicine, San Francisco, CA; [11]Alumni Professor and Chair, Department of Family and Community Medicine, Thomas Jefferson University, Philadelphia, PA

Corresponding author: Mona Sarfaty, MD, MPH, Department of Family and Community Medicine, Thomas Jefferson University, 833 Chestnut St, Suite 301, Philadelphia, PA 19107; mona.sarfaty@jefferson.edu

DISCLOSURES: Supported by the National Colorectal Cancer Roundtable. Dr. Hotz has received support for travel from the National Colorectal Cancer Roundtable for a one-day meeting in Washington, DC. The views expressed in this publication are solely the opinions of the authors and do not necessarily reflect the official policies of the US Department of Health and Human Services, the Health Resources and Services Administration, or the Centers for Disease Control and Prevention, nor does mention of the department or agency names imply endorsement by the US Government.

 doi: 10.1002/caac.21191. Available online at cacancerjournal.com

"Access to follow-up colonoscopies is an acute problem for many CHC patients"

CA: A Cancer Journal for Clinicians, 2013

Partnership Development

Engagement from many angles

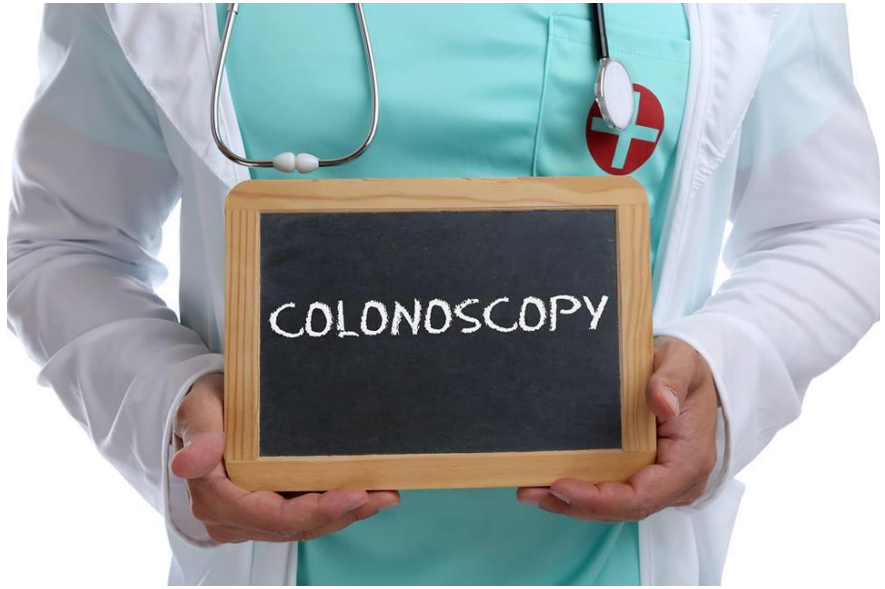
- Community Assessment
- Health System Leadership
- Clinic Champions
- SD Links to Care Meeting convened Stakeholders including CHCs, Hospitals and GI Clinics

CHAD
Community HealthCare Association of the Dakotas

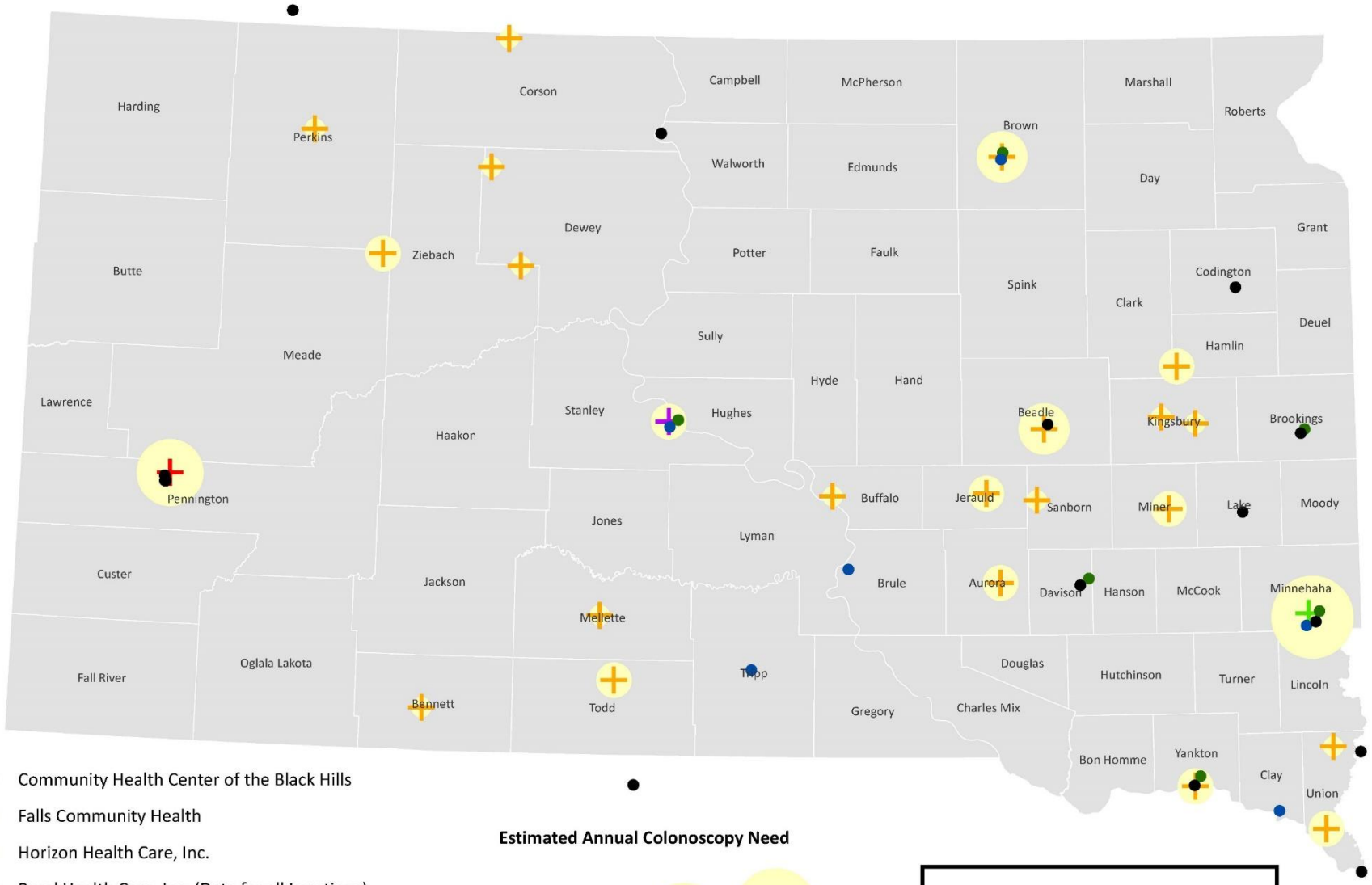
COMMUNITY HEALTH CENTER (CHC) LOCATIONS

CHC's Colonoscopy Need

- Estimated annual colonoscopy need based on CHC's 2017 screening rate
- Individuals have positive stool test
- **168 colonoscopies**



Estimated Follow-up Colonoscopy Need for FQHC's Uninsured Patients in South Dakota



- Community Health Center of the Black Hills
- Falls Community Health
- Horizon Health Care, Inc.
- Rural Health Care, Inc. (Data for all Locations)
- Colonoscopy Referral Site
- Avera Colonoscopy Referral Site
- Sanford Colonoscopy Referral Site

Estimated Annual Colonoscopy Need

1-2 3-6 7-10 38 61

Estimated Annual Colonoscopy Need for FQHC Uninsured Patients in SD = 168

The estimated colonoscopy need was calculated using the 2017 UDS screening rate.
The SD 2017 UDS state CRC rate is 39.19%

Challenges

- Stool test based screening program underutilized
- Follow-up colonoscopy was not available if stool test results were positive.
- Didn’t have strong linkage to specialty care.
- Patients delaying colonoscopy.

Stakeholder Meeting Solutions

- Strategies discussed included:
  - Advocate need for state funding and Medicaid expansion
  - Secure donated colonoscopies
  - Explore hospital charity care and community benefit programs

Colonoscopy Partnerships

- Donated colonoscopies - Rapid City
  - Independent physician owned facility
  - Set number of colonoscopies
- Access hospital charity care – TBD
  - Tax exempt healthcare system
  - Eligible patients

About Rapid City Partners

- Community Healthcare Center of the Black Hills
  - 45% patients income under 200% FPG
  - 82% patients are uninsured or participate in Medicaid or Medicare
- Rapid City Medical Center GI Clinic
  - Physician owned clinic
  - 7 Board certified Gastroenterologists

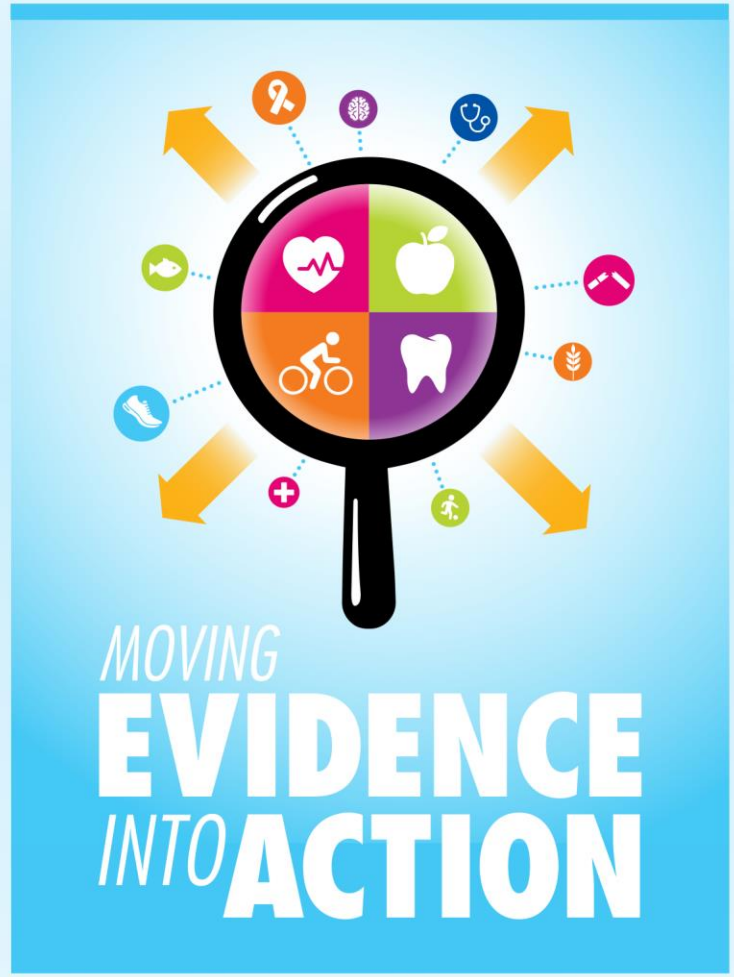
Rapid City Colonoscopy Partnership

- Partnership developed for donated colonoscopy testing for uninsured patients
- MOU Agreement **template from NCCRT*
- GI clinic donated limited number colonoscopies

What's Next

- Evaluate hospital charity care eligible patients receive colonoscopy
- Convene health system leadership set goals
- Quality study cost savings


HORIZON Health Care
Keeping communities well
SOUTH DAKOTA DEPARTMENT OF HEALTH
Community Health Center OF THE BLACK HILLS
Comprehensive CANCER CONTROL SOUTH DAKOTA
RAPID CITY MEDICAL CENTER LLP
CHAD
Community HealthCare Association of the Dakotas
Rural Health Care, Inc.
Assuring access to quality health care
American Cancer Society
Avera
SANFORD HEALTH
EIGHTYBY2018
Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
Great Plains
Quality Innovation Network
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD
FALLS COMMUNITY health
BUILDING THE MEDICAL NEIGHBORHOOD
TO INCREASE COLORECTAL CANCER SCREENING
South Dakota
Links to Care


MOVING
EVIDENCE
INTO ACTION

Livable 605

Strengthening South Dakota through Collaboration to Enhance Livability

* *Parts of this story are fictional, but the character, Erik, is not. Any resemblance to Erik Gaikowski with AARP South Dakota is purely intentional.*

Livable 605

How do kids walk to school here?

Livable 605

I wonder what this is all about?

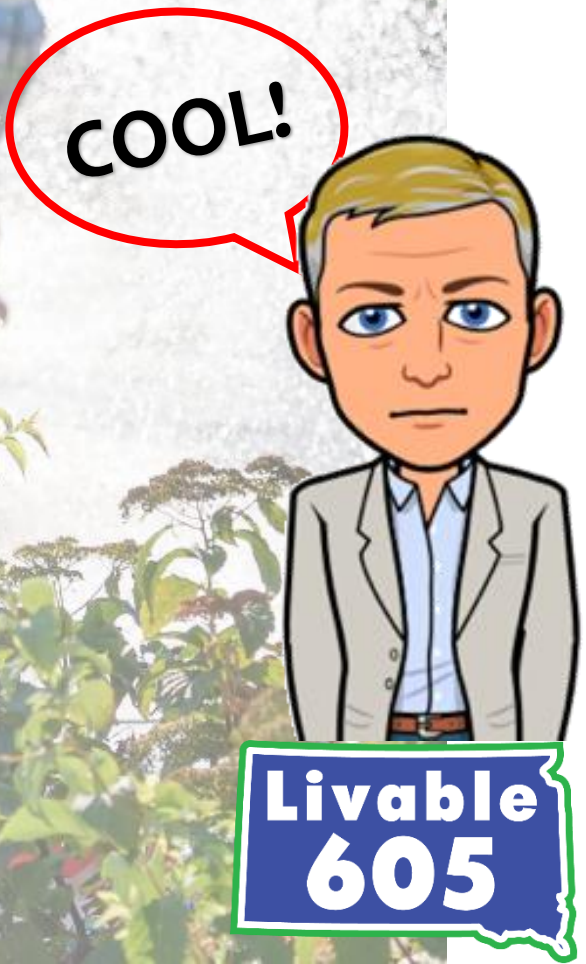
Livable 605

Introducing Livable 605

OUR MISSION:

Making communities more *livable*.

Livable 605 connects passionate stakeholders with strategic partners and resources to *enhance quality of life* in South Dakota communities.



1. **Outdoor Spaces and Buildings**

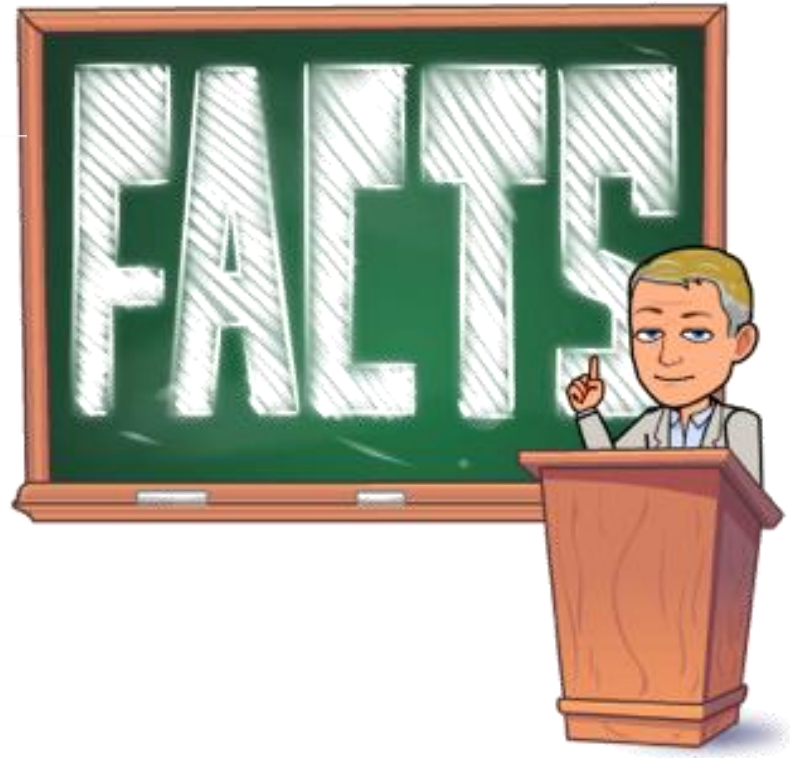
2. **Transportation**

3. **Housing**

4. **Social Participation**

The 8 Domains of Livability

help communities become great for people of all ages



5. **Respect and Social Inclusion**

6. **Civic Participation and Employment**

7. **Communication and Information**

8. **Community and Health Services**

1. **Outdoor Spaces and Buildings**

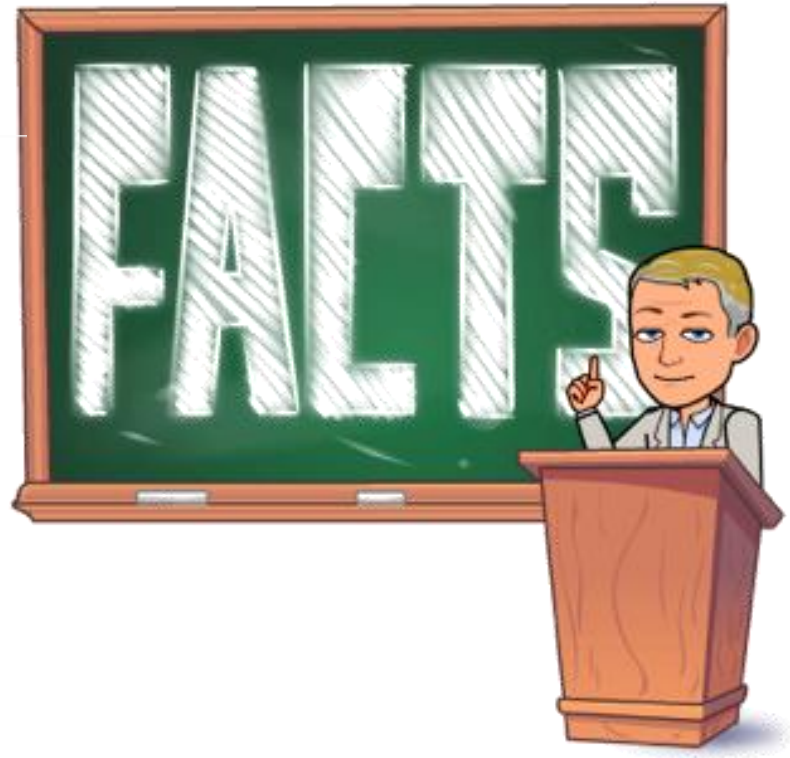
2. **Transportation**

3. **Housing**

4. **Social Participation**

The 8 Domains of Livability

help communities become great for people of all ages



5. **Respect and Social Inclusion**

6. **Civic Participation and Employment**

7. **Communication and Information**

8. **Community and Health Services**

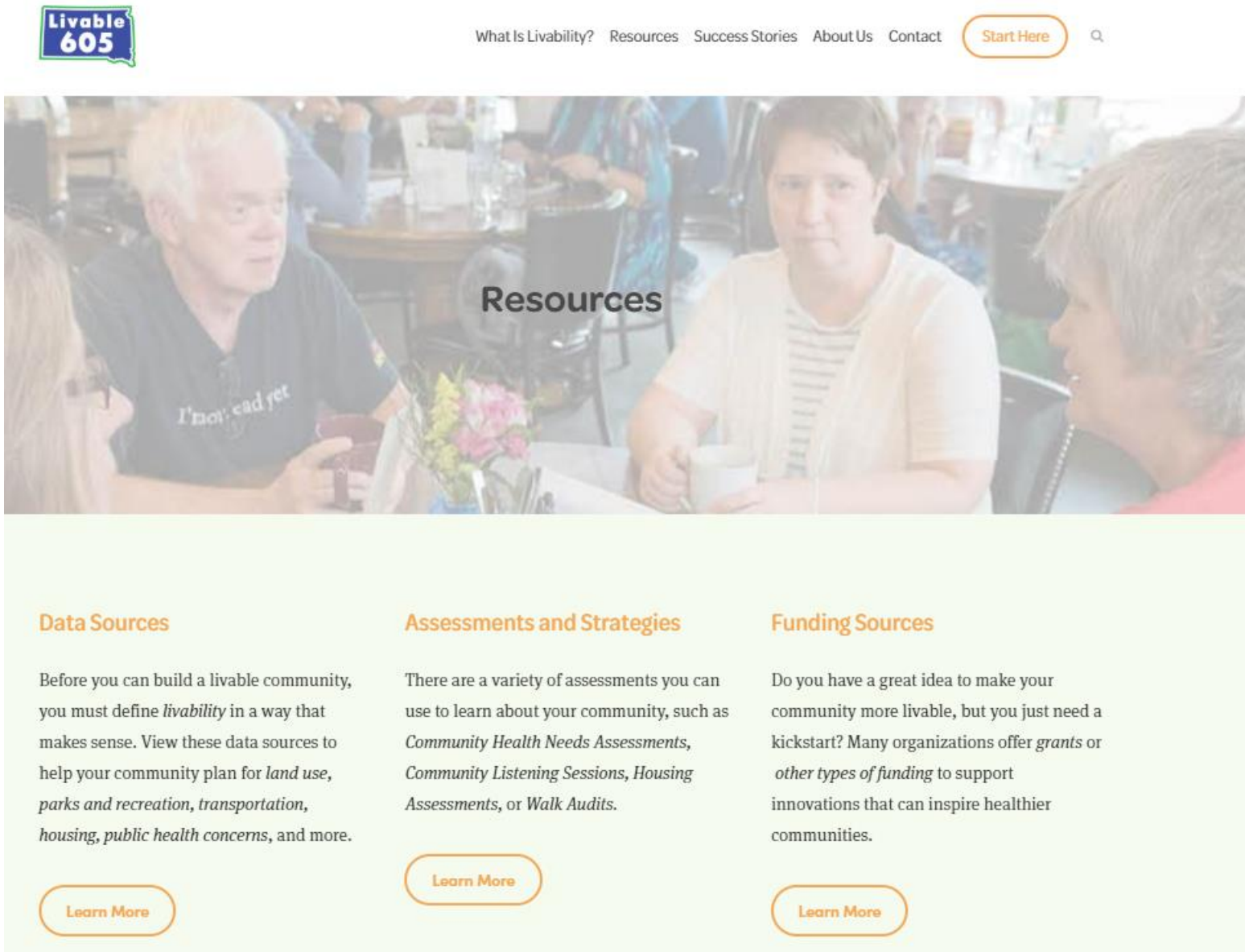
Common Barriers to Livability Projects

- Awareness of “livability”
- Funding and resources
- Technology infrastructure
- Transportation resources
- Fragmented efforts
- SD geography

Common Barriers to Livability Projects

- Awareness of “livability”
- Funding and resources
- Technology infrastructure
- Transportation resources
- Fragmented efforts
- SD geography

What's Available From Livable 605



- Resources
- Success Stories
- Connections to Other Partners

Contact Us

Livable 605

5101 S Nevada Ave #150
Sioux Falls, SD 57108

(866) 542-8172

livable605@gmail.com

Name *

First Name

Last Name

Email Address *

Subject *

Message *

I'm going to use this form to ask how to get started!

Contact Us

Livable 605

5101 S Nevada Ave #150
Sioux Falls, SD 57108

(866) 542-8172

livable605@gmail.com

Name *

First Name

Last Name

Email Address *

Subject *

Message *

I'm going to use this form to ask how to get started!

COLLABORATION!

Livable 605

Livable 605

Celebrate Livable Victories!

Livable 605

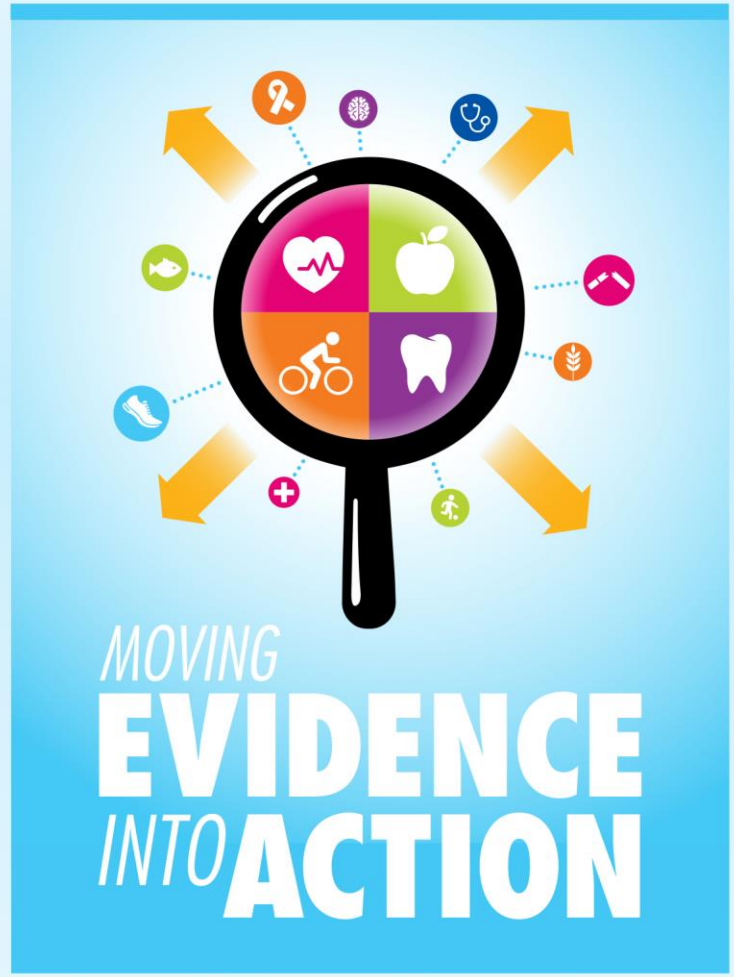
The Livability Stretch

Livable 605

The Livability Stretch

Livable 605

Strengthening South Dakota through Collaboration to Enhance Livability


MOVING
EVIDENCE
INTO ACTION

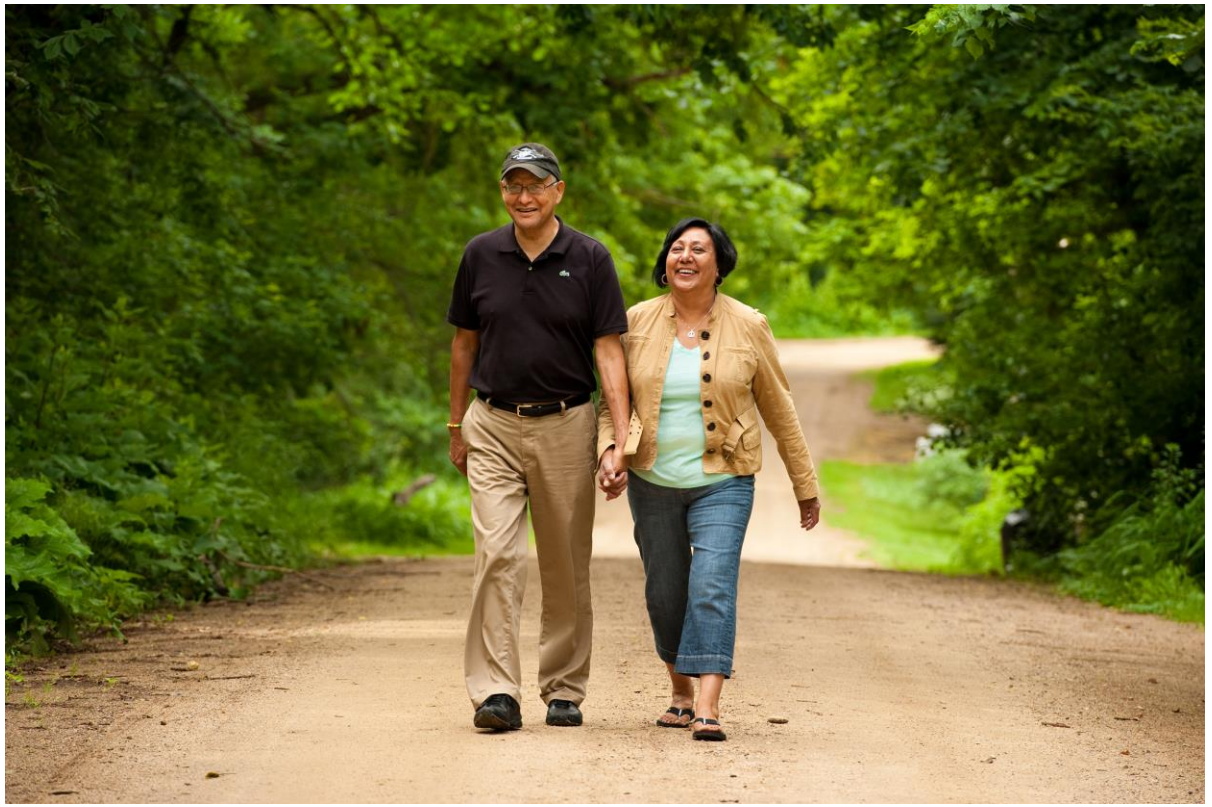
SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota American Indian Focus Group Study: Barriers to Cancer Screening

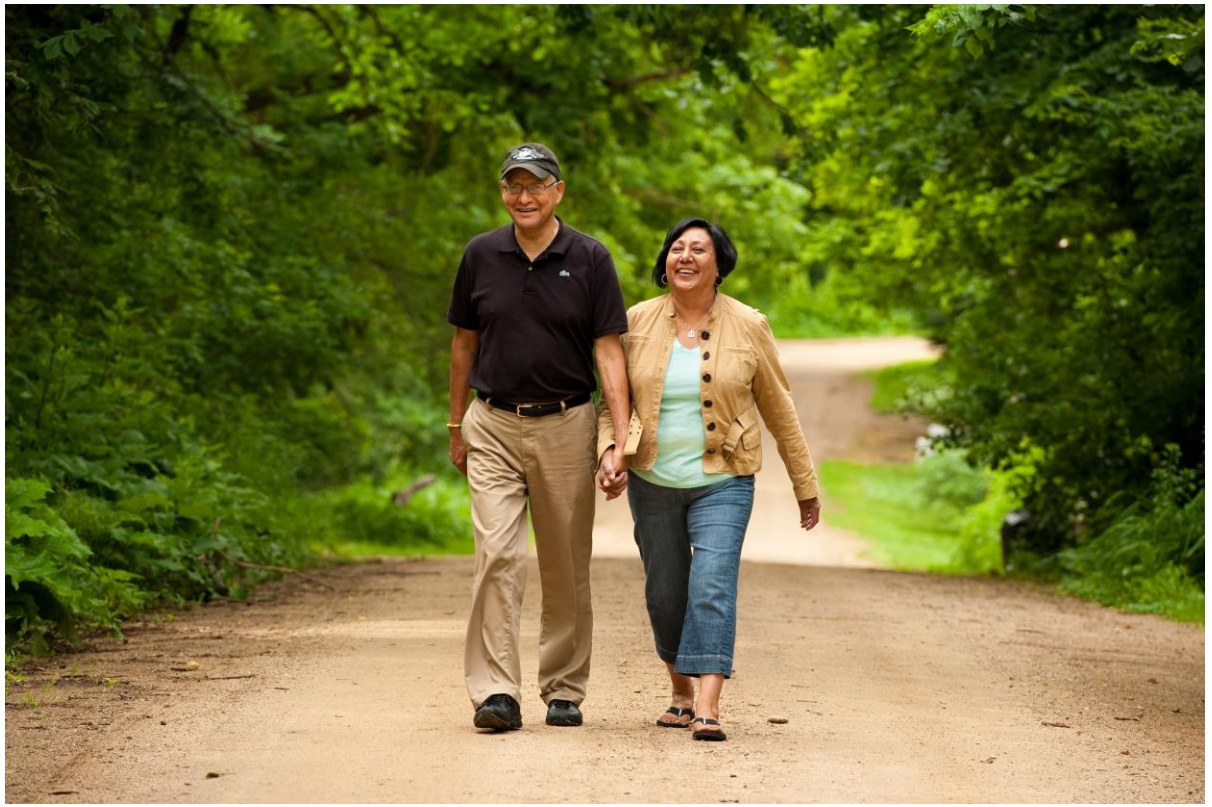
Sarah Quail
South Dakota Department of Health
Cancer Programs Coordinator
Sarah.Quail@state.sd.us
605-367-8375


South Dakota
Urban Indian Health
711
South Dakota
Urban
Indian
Health

Background



Background



Provider Survey

3. Please rank the following concerns according to how often you seem to have heard each issue among American Indians by click-dragging them with your mouse (or tap-drag with your finger on a smartphone). If it has never come up, click N/A.

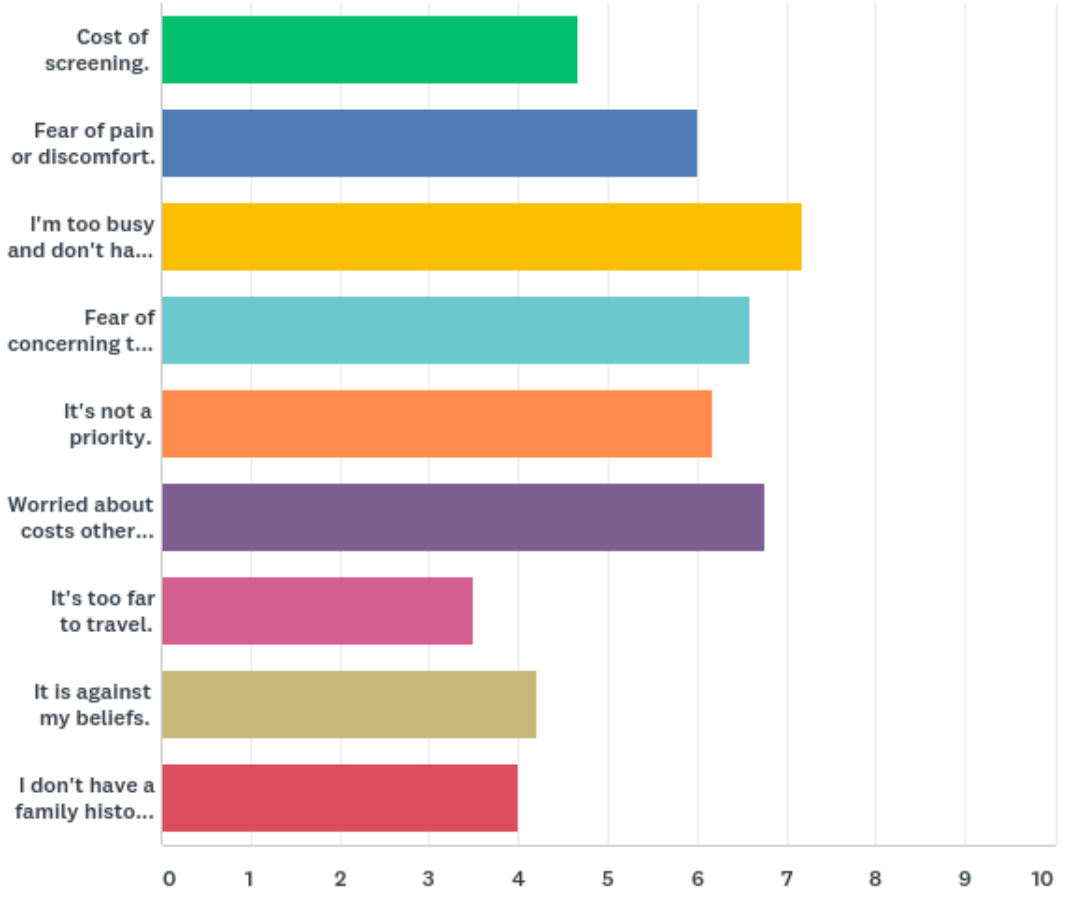
⠿	Cost of screening.	☐ N/A
⠿	Fear of pain or discomfort.	☐ N/A
⠿	I'm too busy and don't have time.	☐ N/A
⠿	Fear of concerning test results/complications.	☐ N/A
⠿	It's not a priority.	☐ N/A
⠿	Worried about costs other than the screening: travel, food, and lodging.	☐ N/A
⠿	It's too far to travel.	☐ N/A
⠿	It is against my beliefs.	☐ N/A
⠿	I don't have a family history of cancer.	☐ N/A

Provider Survey

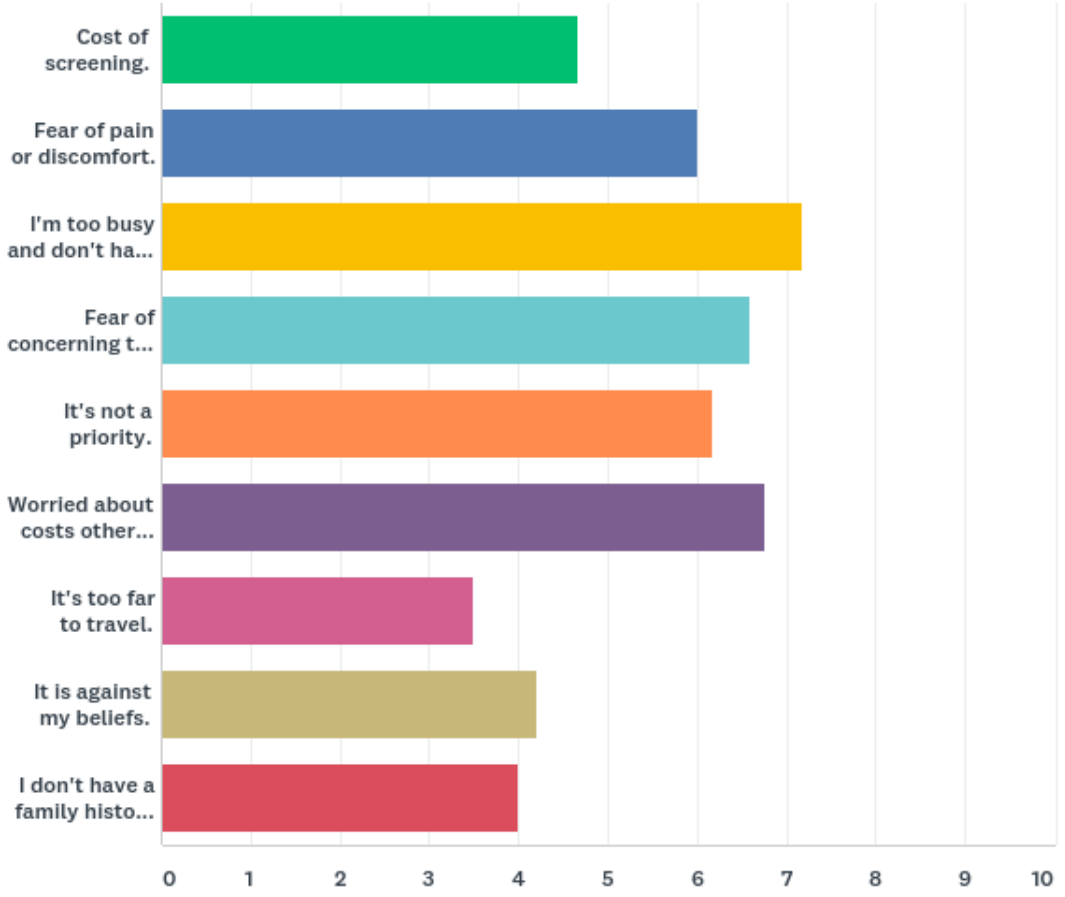
3. Please rank the following concerns according to how often you seem to have heard each issue among American Indians by click-dragging them with your mouse (or tap-drag with your finger on a smartphone). If it has never come up, click N/A.

⠿	Cost of screening.	☐ N/A
⠿	Fear of pain or discomfort.	☐ N/A
⠿	I'm too busy and don't have time.	☐ N/A
⠿	Fear of concerning test results/complications.	☐ N/A
⠿	It's not a priority.	☐ N/A
⠿	Worried about costs other than the screening: travel, food, and lodging.	☐ N/A
⠿	It's too far to travel.	☐ N/A
⠿	It is against my beliefs.	☐ N/A
⠿	I don't have a family history of cancer.	☐ N/A

Results

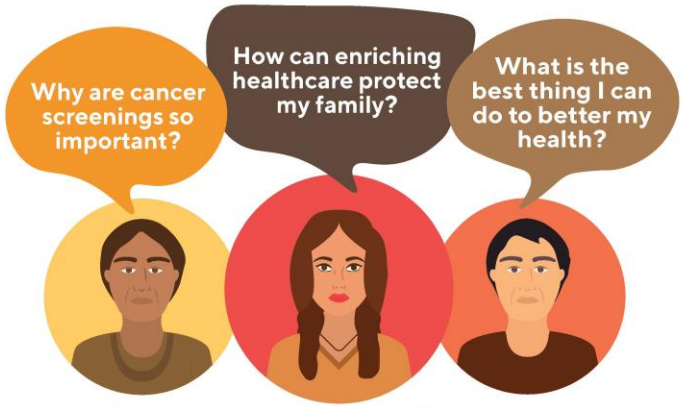

Cost of screening.
Fear of pain or discomfort.
I'm too busy and don't ha...
Fear of concerning t...
It's not a priority.
Worried about costs other...
It's too far to travel.
It is against my beliefs.
I don't have a family histo...
0
1
2
3
4
5
6
7
8
9
10

Results


Cost of screening.
Fear of pain or discomfort.
I'm too busy and don't ha...
Fear of concerning t...
It's not a priority.
Worried about costs other...
It's too far to travel.
It is against my beliefs.
I don't have a family histo...
0
1
2
3
4
5
6
7
8
9
10

EARN $75 AND A MEAL!

We value your opinion and know health is important to you. Participate in a Department of Health focus group in Sioux Falls on May 2nd at either 4:00 pm or 6:30 pm to discuss breast, cervical, and colorectal cancer screenings.



***Eligible participants include: Women age 30-64. Men age 50-64.**

This project is supported through two cooperative agreements (#DP006293 and #DP006107) to the SD Department of Health funded by the Centers for Disease Control and Prevention.

GETSCREENEDSD

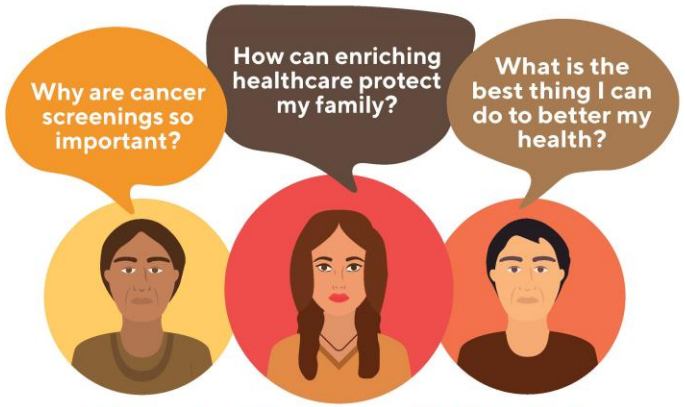
*If interested, please contact the number below or fill out the attached card and drop it in the box.

Take pride in improving healthcare for yourself and future generations. Be there when your family needs you most.

605.339.0000 info@mediaone.com

EARN $75 AND A MEAL!

We value your opinion and know health is important to you. Participate in a Department of Health focus group in Sioux Falls on May 2nd at either 4:00 pm or 6:30 pm to discuss breast, cervical, and colorectal cancer screenings.



***Eligible participants include: Women age 30-64. Men age 50-64.**

This project is supported through two cooperative agreements (#DP006293 and #DP006107) to the SD Department of Health funded by the Centers for Disease Control and Prevention.

GETSCREENEDSD

*If interested, please contact the number below or fill out the attached card and drop it in the box.

Take pride in improving healthcare for yourself and future generations. Be there when your family needs you most.

605.339.0000 info@mediaone.com

EARN $75 AND A MEAL!

Participate in a Department of Health focus group in Pierre on April 25th at either 4:00 pm or 6:30 pm to discuss breast, cervical, and colorectal cancer screenings.

GETSCREENEDSD

This project is supported through two cooperative agreements (#DP006293 and #DP006107) to the SD Department of Health funded by the Centers for Disease Control and Prevention.

Call or email for more information or fill out this card to be contacted.

NAME: AGE:

CONTACT #:

CONTACT EMAIL:

BEST TIME OF DAY FOR FOCUS GROUP (CIRCLE ONE):

4:00 PM OR 6:30 PM

605.339.0000 info@mediaone.com

EARN $75 AND A MEAL!

Participate in a Department of Health focus group in Pierre on April 25th at either 4:00 pm or 6:30 pm to discuss breast, cervical, and colorectal cancer screenings.

GETSCREENEDSD

This project is supported through two cooperative agreements (#DP006293 and #DP006107) to the SD Department of Health funded by the Centers for Disease Control and Prevention.

Call or email for more information or fill out this card to be contacted.

NAME: AGE:

CONTACT #:

CONTACT EMAIL:

BEST TIME OF DAY FOR FOCUS GROUP (CIRCLE ONE):

4:00 PM OR 6:30 PM

605.339.0000 info@mediaone.com


MediaOne®

Summary

- Fear of the results
- Access to healthcare
- Potential cost
- Competing priorities
- Uncertainty of where to go for certain services/conditions

Summary

- Fear of the results
- Access to healthcare
- Potential cost
- Competing priorities
- Uncertainty of where to go for certain services/conditions

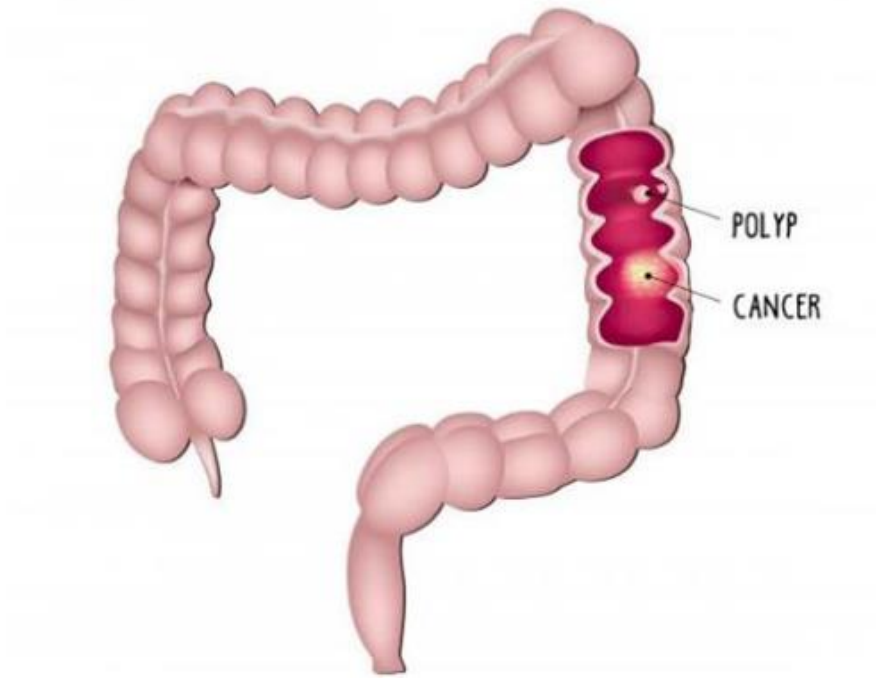
Communication Opportunities

goodhealthtv.com

GetScreenedSD
Published by Agorapulse [?] · September 3 ·

Colorectal Cancer usually starts from polyps in the colon or rectum. These polyps can turn into cancer over time. Screening tests can find polyps and/or detect cancer in its earliest stages, providing a much better chance at survival.

Talk to your doctor about getting screened for Colorectal Cancer.
#GetScreenedSD #ColorectalCancerAwareness



Next Steps

South Dakota American Indian Focus Group Study: Cancer Screening Barriers

John Fiksdal[1], Sharon Knoll[1], Sarah Quail[2], Lexi Pugsley[2], Karen Cudmore[2], Brooke Lusk[3]

[1]Media One Advertising / Marketing
[2]Office of Chronic Disease Prevention and Health Promotion, South Dakota Department of Health
[3]Black Hills Special Services Cooperative

SUMMARY

Fifty resident American Indians from both reservation and urban areas in South Dakota took part in four focus groups in late April/early May 2019; one each for men and women in Pierre and Sioux Falls, SD. Study design and participant protection schema was reviewed and exempted from IRB oversight by the Great Plains Area Institutional Review Board.

- **As with the general public, fear – specifically fear of discovering a problem or getting bad news – rose above other concerns.** When compounded by access problems, fear, potential cost, and other barriers to visits or testing become even more difficult to surmount.
- An underlying current to the focus group discussion was the inertia of everyday life; the struggle to live and support self and family. Amidst everything else one must content with, going to the doctor when you're not injured or sick seems intrusive.
- For those who took part, access to health care for treatment or for screening is confusing and complicated. There is tension regarding use and compensation among established private health care systems and those specifically funded for use by American Indians.
- **Many are unsure where they should go for certain services and conditions and whether they are covered by insurance or programs.**
- In addition to a perception of too few IHS-supported facilities, several said that care quality is seasonal. True or not, they perceived that near the end of the fiscal year, IHS medical treatment or referral to other options or specialists was truncated "as funds run out."
- Additionally, there are trust issues. Whereas the American Indian men seemed to accept conditions of access and treatment fatalistically—"it is what it is"—the women were vocal and angry.
- Most felt that "being American Indian" brought to providers presuppositions as to unhealthy lifestyle or substance abuse, discounting discussions concerning real and present problems.
- Although they generally liked the doctors that they saw, most agreed that they rarely saw the same doctor at an IHS facility.
- Responses to tests and requests for appointments are slow from IHS to IHS system. Test results were said to take months quoting several respondents.
- Stoicism, the defense of manhood—to appear strong in the face of defeat—leads to avoidance of showing weakness. Strong men don't complain about their health. Or seek help unless needed.
- In speaking of colon concerns, men were embarrassed to discuss this part of their anatomy.

COMMUNICATION OPPORTUNITIES

- Ranked "reasons to get screened' were consistent among the groups. "A cancer diagnosis is not necessarily lethal" surprised and was embraced by all groups. "Cancer screening can find growths and conditions that can be removed before they turn into cancer," was strongest in aggregate, but "when cancer is found early the chance of being cured is good" was strong and surprised many.
- **Although "The Self" was discounted in discussion, "living to be with kids and family" is strongly motivating. This repeats themes uncovered in focus groups a decade earlier.**
- "Getting screened for cancer can increase the time you get to spend with your children and grandchildren" ranked highly, as did "getting screened for cancer can increase your chance of living a long and healthy life."
- The often-mentioned idea that "not knowing is better than knowing" can and should be challenged. Contrary to the assumption that finding out about cancer is "a death sentence," knowing about a growing cancer can be a lifesaver.
- **Among women, the predominant producer of a colonoscopy was a push from a doctor.** Ongoing direct communication to providers to remind them to bring it up in office visits, perhaps supported by point-of-contact materials refreshed regularly, would be productive.
- Very strong motivation was shown by those who had recently lost a close friend or relative to cancer. This begs discussion about targeting and creative that would be complicated, but extremely compelling.
- Respondents wanted American Indian-specific statistics regarding incidence and mortality. Many felt that specifics directed toward the American Indian population would persuade.
- Channels where they most get health information include the internet (Google) and the doctor's office (once there). Tribal headquarters and facilities are options, especially presentations regularly at tribal events. The American Indian women of seemingly reasonable means we interviewed used social media.
- **Although an approach to encourage spouse and children to motivate their fathers may be more effective, arguments can be made that it's not unmanly to seek help, to take smart steps to protect self and family.**
- There was a feeling that cancer risk is growing; that there is more cancer today than before. That coupled with the idea that getting cancer surely means death argues for American Indian-specific knowledge dispersal.
- Note that there was the usual apprehension regarding colorectal screening among those who have heard about test prep but haven't yet taken the test. But unequivocally, those who had undergone a colonoscopy said it was nothing to be concerned about.

Acknowledgement: This project was supported through Cooperative Agreement Number DP006293, funded by the Centers for Disease Control and Prevention.
The contents of this poster are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Thank you!

Sarah Quail
South Dakota Department of Health
Cancer Programs Coordinator
Sarah.Quail@state.sd.us
605-367-8375