

## Urban Indian Colon and Rectal Education and Screening (C.A.R.E.S.)

### Skill set

- Community leader/organizer
- Big picture
- Number/graphics
- Primary care provider perspective
- Strategic planning community mobilization
- Advocacy/medical
- Epi skills/data
- Implementation people
- Linkages
- Health education
- Policy work

### Barrier: No place to go for screening

Goal: To promote and educate about CRC screening and treatment through Urban Indian Health System

- Template/set the bar for what people can achieve for each urban group to use
- Technical assistance module
- Skills from each program/urban group
- Involvement of the other Urban Indian Groups

### Problems

- Tremendous health disparities
- Community attitudes
- Urban Indian not on the radar for campaigns
- Cancer is a scary word (fear)
- Think you can see cancer from the outside
- Denial
- Excuses
- Pain, modesty (I don't want to know!)
- Lack Insurance
- Cost of colonoscopy – cost prohibitive
- Lack of treatment/coverage
- Linkage of Urban Indian to the \$
- Available funds
- Stigma around diseases
- No access for care
- Clinic hours
- Feel targeted (CRC Day)/prefer health day
- \$3,000 is a lot of \$/esp. compared to other tests
- Competition with other diseases
- Minimal messages around CRC
- Cost and convenience
- Providers don't have CRC as a priority
- Who is at the table for the development of CCC Plans
- People/providers too busy to do the test

- No AI/AN celebrity
- Finding a safe place for referrals
- Confusion over FOBT instructions
- Unreliable testing
- Better education for providers
- Uncertainty of what to expect from each test
- Test are confusing and Complicated
- Identify GI providers
- MISTRUST due to historical grief

### **Keeping Together as a Team**

- Email
- Website
- Face-to-face meeting in September 07
- Regional conference call

### **Top Priorities**

- Fear
- Testing
- Diagnostic and Treatment Resources
- Urban Indian data collection based on assessment

### **Missing Key Participants for Core Group**

- Missing Programs/Tribes
- NON-CLINICAL URBAN PROGRAMS (Missoula, MT)
- Neighboring Tribes
- Indian organizations within the urban setting
- FEDERAL REPRESENTATIVE

### **Diagnosis/Treatment Resources**

- Link with State/Tribal CCC Plans
  - Fond du Lac
  - Cherokee
  - NPAIHP
- VA Hospital
- Donated care safety net
- State legislature
- ACS
- Insurance companies
- 3<sup>rd</sup> Party
- Foundations

### **Action Steps: Diagnosis/Treatment Resources**

- Sales package/social marketing

- *Aiko develop a matrix/strategic plan*
- *Each office to do preliminary assessment*
- Strategies – Uniform voice culturally tailored materials and data
  - *Mariaed (??) develop prototype of localized: each clinic add name and test/focus group*
  - *Photos of real people + quotes*
- Financial analysis for prevention vs. late term diagnosis (CRPF can share power points from national DFA meeting)
  - *Patricia, Jen, Shelly and Alice conduct a cost studies/analysis specific to the state or region by June 30*
- Develop an educational package focusing on fear – including basic education and must be affordable to be easily replicated
  - *Patricia to look at existing educational materials by 7/15/07*
  - *Sharon develop one page survey by 6/10*

### **Action Steps: Diagnosis/Testing**

- Title: Shifting Attitudes
  - *Setting up FOBT as the first test*
- Shift in attitudes focus group
- Provider/medical assistant education
  - *Susie, Donna by 6/20*
- Inviting new technology to Urban meetings
  - *Susie, Donna by 6/20*
- Getting on National Council Urban Indian Health (NCUIH) agenda
  - *Susie, Donna by 6/20*
- Validity of tests standards (CORADS)
  - *Susie, Donna by 6/20*
- Teaching Aids
  - *Val by 6/15*
- CRC Model