

FACE PAGE

Grant # 1STIMP151121-01-04

State Partnership to Address Health Disparities

Tribal Colon Cancer Collaborative

Noel Pingatore, Director

906-632-6896 ext 107

noelp@itcmi.org

Inter-Tribal Council of Michigan

2956 Ashmun St

Sault Ste. Marie, MI 49783

Year of Grant Cycle: 05; Quarter 3; Period: 02/1/2020 to 04/30/2020

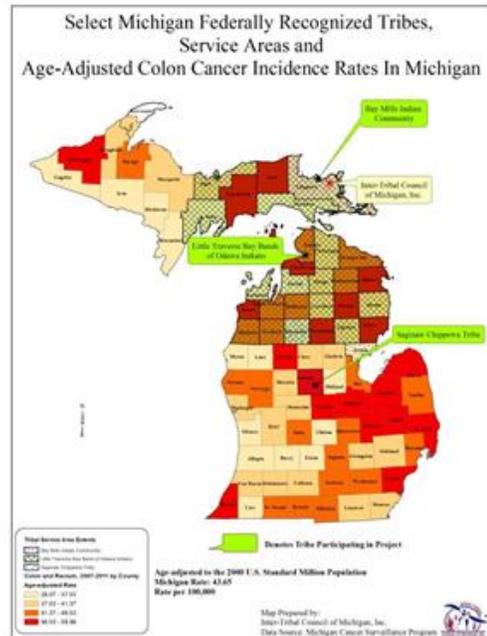
Project Narrative:

Leading Health Indicator: Increase Colon Cancer Screening

Target Population and Geographic Target Areas:

The Tribal Colon Cancer Collaborative Project works with three federally recognized tribes located in geographic hotspots for colon cancer. These three tribes include: The Little Traverse Bay Bands of Odawa Indians, the Bay Mills Indian Community, and the Saginaw Chippewa Indian Tribe. Together, these three tribes serve a total of 26,834 American Indians and cover 29 counties. Each of the three tribes have conducted the State Cancer Registry linkage and have found colon cancer to be the first or second most common cancer for their community.

Purpose, Strategies and Interventions: The ITCM works to improve quality of existing data and document health disparities. In 2009, the Inter-Tribal Council of Michigan began partnering with the State Cancer Registry to link tribal enrollment rosters with the cancer registry; this collaboration resulted in corrected racial misclassification and detailed tribal specific cancer data. To date, six Michigan tribes have been linked which has greatly improved the accuracy of the Cancer Registry data. An analysis conducted in 2012 of all American Indians in the registry documented profound health disparities including higher cancer incidence rates and diagnosis at younger ages and outside of current recommended screening guidelines. The disparities are especially evident for colon cancer. The mean age of diagnosis for those with early or late stage colon cancer was 59.6 years for American Indian males compared to 68.49 years for white males. The incidence rate for American Indians in the 30-34 age group is 7.07 compared to 3.41 for the white population in the same age group. Similar figures exist for all age groups up through age 59. This data indicates an urgent need for improved screening among the AI population and to better assess individual risk factors and for colon cancer and adjust screening accordingly.



The strong partnership between the Inter-Tribal Council of Michigan and the State Cancer Registry, within the Michigan Department of Community Health, have identified unique health disparities specific to cancer and colon cancer among three tribal communities; these tribal communities also align with county hot spots for colon cancer across the state. The Tribal Colon Cancer Collaborative will utilize its sound relationships with the targeted tribes to build capacity and implement a robust set of evidence based interventions aimed to increase colon cancer screening rates and reduce health disparities.

The Tribal Colon Cancer Collaborative addresses colorectal cancer through the implementation of data-driven, culturally-tailored, evidence based strategies. These include use of Quality

Improvement Processes, patient navigation services, client reminders, provider reminders and reducing structural barriers to increase colon cancer screening rates. These interventions build over time to provide for efficient implementation resulting in health system changes.

Project Objectives and Progress:

1) By December 31, 2015, develop and disseminate (3) user friendly colon cancer health disparities profiles for a minimum of three tribal communities; Completed 3 profiles.

2) By December, 2015, Increase the number of tribal health systems that employ trained Tribal Patient Navigators to increase coordination of colon cancer screening and treatment services from 0 to 3; Completed. All 3 sites have trained navigators and are implementing services.

See Training Evaluation Report Addendum

3) By July 30, 2016, Increase the number of Tribal health systems that utilize agency-wide quality improvement processes to increase colon cancer preventive screening rates from 0 to 3; Completed. All 3 sites have completed training and are implementing QI projects on an ongoing basis.

See Training Evaluation Report Addendum

4) By July 30, 2020, increase the number of tribal health systems that implement evidence based interventions aimed to increase colon cancer screening rates from 0 to 3. The chart below includes the number of evidence based interventions being implemented across all three sites.

Evidence Based Practice Used	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Outreach and Small Media	-	-	2	1		1	-	-	-			
One on One Pt Education	1	2	3	1	1	2	-	-	-			
Patient Reminders	-	2	3	3	1	2	-	-	-			
Patient Navigation Services	2	1	1		1	1	-	-	-			
Provider Reminders	1	-	2	1	1	1	1	1	-			
Monthly Provider Assessment and Feedback	-	-	1				-	-	-			

Total	4	5	12	6	4	7	1	1	0			
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The drop in evidence based intervention is due to COVID-19. Tribal Clinics were either closed or had the majority of staff laid off during the pandemic. Plans to resume are currently being discussed. One tribe reports, *“During this challenging time with the COVID pandemic the Medical Clinic has been seeing minimal patients on-site in the clinic. Providers have been making personal phone calls to patients and began utilizing tele-health visits during this time frame. Patients who require visits have been screened prior to entering the building or they have been seen in their cars outside of the building.*

Staffing has been minimal during this timeframe and many staff have been placed on temporary furlough. Unfortunately, screening and well visits have been delayed. Beginning the first week in June, we now have all Medical Providers back on site and are gradually bringing other staff back.

Additionally during this time frame, procedures that are not emergency procedures have been put on hold with hospitals and outside facilities. We did have 3 patients who were scheduled for colonoscopies but the patient refused to have a test for Coronavirus screening so the colonoscopy was not completed. We hope that as businesses begin to open we will be able to resume our clinical services.”

The Saginaw Chippewa Tribe is now able to track provider performance. There are five providers and their performance for CRC screening is outlined below and demonstrates improvements. **However they were unable to report during this time frame due to COVID-19.**

Provider	Y5 Q 1	Y 5 Q 2	Y5 Q 3
DLE, MD	79.6%	79.5%	-
PBK, MD	71.8%	76.0%	-
SLF, PA	64.3%	67.2%	-
MEG, MD	64.1%	70.8%	-
AFA, PA	54.3%	60.0%	-

The ITCM team continues to provide training and support for E.H.R. systems to support quality of data, and coordination of care.

5) By July 30, 2020, Increase the percent of American Indians ages 50 to 75 who receive a **colonoscopy** from 39.5% to 47.4% (GPRA) within the three target communities.

Tribes/Site	Y4 Q4	Y5 Q1	Y 5 Q 2	Y5 Q3
Bay Mills	68.0%	68.6%	71.2%	71.7%

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Little Traverse	49.2%	-	48.5%	-
Saginaw Chippewa	70.0%	68.97%	73.0%	70%

6) By July 30, 2020, increase the percent of American Indians ages 50 to 75 that complete an annual **FOBT/FIT** screening from 5.6% to 15% (GPRA) within the three target communities.

Tribe/ Site	Y4Q4	Y5Q1	Y 5 Q 2	Y5 Q3
Bay Mills	0.5%	3.18%	.05%	2 or .94%
Little Traverse	2.9%	-	1.1%	-
Saginaw Chippewa	n/a*	.03%	2.98%	0%

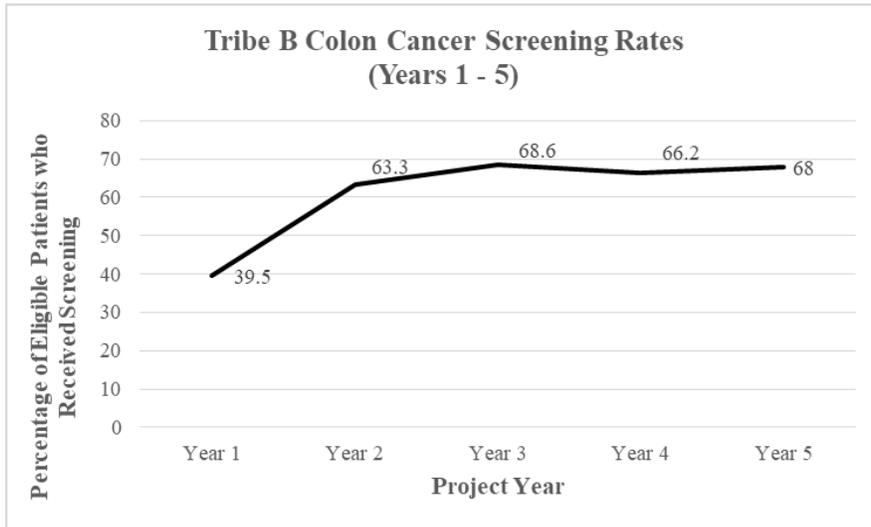
7) By July 30, 2020, increase the percent of American Indians ages 30 to 49 that are **assessed for their risk of colon cancer** from 0 to 25% within the targeted tribal communities; in progress

The risk assessment tool is a key piece of the project as it addresses the disparity of younger age incidence rates noted earlier. The tool is used inconsistently at each site and needs attention to create a more uniformed approach, which has been challenging. While each site is using the tool, they are not recording it properly, which will be addressed with the updated reporting tool this fall. However, each site is recording the screening rates for this younger age group. If a patient is found to be at high risk via the risk assessment tool, they are referred for screening. Screening rates for quarter 4 are shown below.

Tribe/ Site	Y4Q4	Y5 Q1	Y 5 Q 2	Y 5 Q 3
Bay Mills	6.9% assessed and 0.9% screened	3.76% assessed/ 0.93% screened	.69%	0
Little Traverse	24% screened	-	0	0
Saginaw Chippewa	4% screened	.02 assessed and 0 screened	5%	0

FOBT and FIT continue to be a struggle as most providers are recommending colonoscopy, however the overall screening rates are very good. ITCM will continue to encourage and support the use of FOBT and FIT as a screening option based on USPSTF guidelines.

8) By July 30, 2020, increase the number of tribal health systems that conduct pre and post (5 year) linkages to the state cancer registry for surveillance and monitoring purposes from 0 to 3; all site have completed the pre-linkage. Bay Mills (Tribe B) has completed a post linkage and results are highlighted below. The remaining two sites are scheduled to be linked in the Spring of 2020. **The linking of the remaining two tribes is unlikely due to COVID-19.**

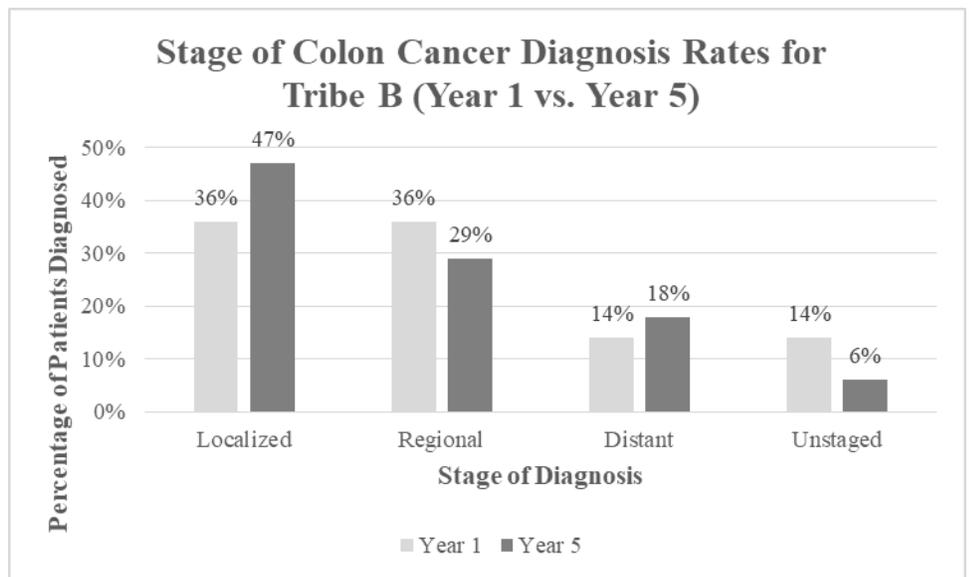


Over the course of the project, the Bay Mills Indian Community saw increase in screening rates form a baseline of 39.5% to 68.0% late in year four.

During year 1, 17.2% of new cases of colon cancer were diagnosed in Tribe B (Bay Mills). AT the end of year 4, 21.2% of new cases of colon cancer were diagnoses.

This is expected given the increase in screening rates.

There were also improvements in the stage of diagnosis. At baseline, 36% of colon cancers were diagnosed at the localized level. This rose to 47% at the end of year 4. Similar improvements were seen across all stages.



9) By July 30, 2020, increase professional literature specific to AI Health Systems and increased colon cancer screening rates by a minimum of 1. A draft manuscript has been developed and the PI continues to work on this.

- A manuscript had been completed and was submitted to the Journal of Community Engagement and Scholarship on February 19, 2020. **The Manuscript was revised and re-submitted May, 2020.**

Personnel Matters: N/A

Partners: The ITCM has a very sound partnership with each of the agencies and members tribes.

Partner Agency/ Contact	Role
State Cancer Registry	Participate in Tribal Linkages in year 5 and provide existing data for health disparities profiles
Tribal Partners (Bay Mills, Saginaw Chippewa, Little Traverse Bay)	Employ Patient Navigators, Implement Quality Improvement Processes, and increase use of evidence based interventions.
Michigan Public Health Institute	Conduct Quality Improvement Training and technical assistance Conduct Program Evaluation
State Genomics Section, MDHHS	Assists with development of assessment tool Provides training and technical assistance

IRB: The MDDHS Cancer Registry maintains IRB approval to conduct linkages with Tribal Leaders. No other IRB has been required.

Evaluation Narrative:

Evaluation activities have continued to be refined to be realistic, feasible, and responsive to the context of the tribal communities and the processes within the tribal sites. Modifications were made to the evaluation plan this year to reflect the focus on implementing evidence based interventions and to reduce the burden of data collection on tribal clinic staff in order to maximize their ability to implement navigation, evidence based interventions and quality improvement objectives, in the midst of significant system changes. The evaluation plan was revised and submitted in Year 4 Quarter 2.

Data Sources and Methods

Monthly Progress Reports: All three tribal sites have completed their required monthly progress report forms in the REDCap data management system, though due to reduced capacity within tribes due to the COVID-19 pandemic, some months had incomplete data submissions. With the exception of COVID-19 related changes, tribal coordinators have been relatively timely and clear in describing their activities in Monthly Progress Reports. The

majority of the expected monthly reports arrive on time and complete, providing frequently updated information on descriptive information about patient navigation services, outreach and education activities, quality improvement activities, and overall community support for colon cancer screening processes at each participating site. Data are compiled quarterly by evaluators, summarized and reported back to the project team.

Quarterly EHR Data Dashboard Reports: Evaluators created a data dashboard report form using key clinical indicators that align with the program performance measures. Each tribal health center worked to assign a person (clinic manager, EHR specialist, or project coordinator) to complete the data dashboard report on a quarterly basis. Completing the form requires the individual to work with the EHR analyst to generate patient group reports and fill-in the dashboard using data from the report on the active clinic population every three months. This form provides the baseline and repeated follow-up measures of the key program outcomes related to screenings, referrals, and linkages of active clinical patient population for colon cancer screening and treatment. All reports are sent to evaluators on a quarterly basis and updates are provided to ITC of MI for program reporting and improvement purposes.

Participating Tribal Grantees continue to explore the most efficient and complete methods in pulling the required outcome measures data from their EHR systems on a quarterly basis. One of the three sites has expressed issues with pulling this data for only designated quarters, rather, relying on data pulls that include the previous year as the timeframe. In addition, another of the sites has experienced staffing challenges with aligning the task with the correct staff member and navigating competing priorities. Project and evaluation staff continue to provide ongoing technical assistance to all agencies with collecting data.

Survey of Program Participants: The survey of program participants assesses knowledge of cancer disparities, colon cancer risk factors, recommended screening guidelines, and community health care resources. This survey also provides an assessment of program participant satisfaction and collects both qualitative and quantitative data. To collect data about navigation experiences and individual education/knowledge related to colon cancer screening, participating Tribal Grantees can distribute the survey (pre-printed with self-addressed stamped envelope) to all patients receiving colon cancer-related navigation services. Surveys were distributed on a rolling basis, once the navigation services were fully implemented and procedures institutionalized. Evaluators entered the hard copy surveys into an electronic database and conducted data analysis and provided a summary to each site and ITCM. **The survey reports are attached.**

During the year 5 kick-off call with all three Tribal Grantees, ITCM, and the evaluation team, it was decided the patient survey would be re-implemented at all three program sites due to increased navigation capacity and streamlined processes over the past four project years. In quarter two, 38 responses were received across all three sites. Survey data was entered into REDCap by the evaluation team and was analyzed this quarter. Four reports were generated: one for each Tribal Grantee, and one summary report for ITCM. Results were reported back to all three Tribal Grantees to assist in quality improvement efforts.

Survey of Public Health Professionals/Key Informant Interview: The survey of tribal public health professionals was designed to provide a baseline and repeated measurement of knowledge and awareness of key topics of interest, based on training goals. Topics included colon cancer screening guidelines, cancer health disparities, evidence-based strategies, patient navigation tasks, and quality improvement. The surveys will also provide an assessment of the learning collaborative as a key strategy for capacity building and performance improvement. The survey was planned to be collected on an annual basis, after full implementation of evidence-based interventions and the range of patient navigator tasks at each tribal health center and be conducted using the electronic survey system Qualtrics to collect both qualitative and quantitative data.

With the full implementation of patient navigation taking shape in unique ways across the three Tribal Grantee sites, the use of an electronic survey as the best method to capture this data was reassessed. To address the unique application of colon cancer related patient navigation methods across all three Tribal Grantee sites, it was determined that a Key Informant Interview with each site would allow for more detailed and nuanced information to be gathered about each unique model of implementing patient navigator services. The interview process maximizes the collection and inclusion of descriptive data unique to the processes and outcomes of each individual site based on their phase of implementation of model. The evaluation team developed a Key Informant Interview protocol and one interview with one Tribal Grantee was conducted this quarter. Due to decreased capacity as a result of the COVID-19 pandemic, only one out of three Tribal Grantees were able to complete a key informant interview.

Patient Navigation Services Annual Assessment Form: This is a new data collection method that has been added, to replace the patient navigation service tracking system that was not feasible or realistic for tribal clinic staff to manage on an ongoing basis and to reflect the data needs for the revised program objective. The ITCM Program Manager will conduct an interview with each tribal health center on an annual basis, during a site visit or conference call. Together, they will fill complete a thorough review of the implementation of evidence-based interventions and the range of patient navigator tasks provided to tribal health system patients, assessing what supports are provided, when, and by whom. This information will be recorded on the Patient Navigation Services Annual Assessment. The Program Manager at each tribal health center will review the form, confirming the accuracy of documented model of service delivery to avoid missing components of the navigation process. Data from these forms will be compiled across sites to provide a summary of evidence-based interventions and navigator services being fully implemented by tribal health systems.

Related Products : N/A