

Appendix 5: Program Material Examples

Provider Reminder Examples:

1. Hopi Tribe Breast and Cervical Cancer Early Detection Program (BCEDP) Tracking Documents

Provider Assessment & Feedback:

2. South Puget Intertribal Planning Agency (SPIPA) Native Women's Wellness Program Patient Satisfaction Survey
3. Hopi Tribe BCEDP Well Women Survey

Client Reminder:

4. Southcentral Foundation (SCF) Breast and Cervical Health Program Client Reminder Letter
5. Kaw Nation Women's Health Program Post Card Reminder
6. Great Plains Tribal Chairmen's Health Board (GPTCHB) Post Card Reminder

Print Media:

- Fact sheet:
 7. American Indian Cancer Foundation (AICAF) Breast Cancer Infographic
 8. AICAF Cervical Cancer Infographic
- Brochure/Pamphlet:
 9. SPIPA Brochure
 10. AICAF Colorectal Cancer Infographic
- Flyer:
 11. Southeast Alaska Regional Health Consortium (SEARHC) BCCEDP Mobile
 12. SCF Flyer

Landscape photo of stone constructed garden water hole in desert. On the Hopi Reservation, Arizona.



Appendix 5: Program Material Examples Continued

1. HOPI TRACKING DOCUMENT — CANCER SUPPORTIVE SERVICES, BREAST/CERVICAL CANCER SCREENING PROGRAM, APPOINTMENT SCHEDULING AND CLOSE OUT FORM. PAGE 1 OF 3



H.O.P.I. CANCER SUPPORTIVE SERVICES – BREAST/CERVICAL CANCER SCREENING PROGRAM

Appointment Scheduling and Close Out Form

Name: _____ DOB: _____

Patient scheduled for: ☐ WW ☐ CBE ☐ Mammo ☐ CBE/Mammo

_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____
_____ apt date: _____	Ltr sent: _____
Reminders: Date: _____	Result: _____
Date: _____	Result: _____
Date: _____	Result: _____

Close out date: _____

Reason: ☐ Patient showed ☐ Patient non-compliant (DNKA's)
☐ Deceased ☐ Unable to locate (i.e.: moved, no longer at address provided)
☐ Patient will call program when ready to be scheduled
☐ Patient chooses to withdraw from program: reason (i.e.: getting services elsewhere, not interested, etc.): _____

Hopi BCCEDP Staff Member Name: _____

Appendix 5: Program Material Examples Continued

1. HOPI TRACKING DOCUMENT — WOMEN'S HEALTH PROGRAM, BREAST DIAGNOSTIC & TREATMENT FORM. PAGE 2 OF 3



H.O.P.I. WOMEN'S HEALTH PROGRAM

Breast Diagnostic & Treatment Form (Case Management)

Provider: _____ IHS Chart #: _____

Patient Information

Last Name: _____ First Name: _____ M.I. _____ Social Security # _____ Birth Date: _____

Diagnostic Procedures

Instructions: Use the following codes to complete the table below for all diagnostic procedures that have been performed, refused, or are pending.

Status: 1 - Procedure Performed
2 - Procedure Pending
3 - Procedure Refused

Results: 1 - Within Normal Limits
2 - Abnormal
3 - Indeterminate

Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	

Diagnostic Disposition

Disposition of Diagnostic Procedure(s):

- ☐ Work Up Complete
☐ Work Up Pending
☐ Lost to Follow Up
 Reason: _____
☐ Diagnostic Work Up Refused

Date of Diagnostic Disposition: _____

Final Diagnosis:

- ☐ Cancer, Invasive
☐ Breast Cancer Not Diagnosed
☐ Lobular Carcinoma In Situ (LCIS)
☐ Ductal Carcinoma In Situ (DCIS)

Stage at Diagnosis:

- ☐ AJCC Stage I
☐ AJCC Stage II
☐ AJCC Stage III
☐ AJCC Stage IV
☐ Summary Local
☐ Summary Distant
☐ Unknown

Tumor Size:

- ☐ 0 <= 1 cm
☐ >.1- <= 2 cm
☐ >2- <= 5 cm
☐ > 5 cm
☐ Unknown

Treatment Disposition

Complete This Section Only If Client Is Diagnosed With Breast Cancer

Disposition of Treatment:

- ☐ Treatment Initiated
☐ Treatment Pending
☐ Lost to Follow Up
☐ Treatment Refused
☐ Treatment Not Needed

Date of Treatment Disposition: _____

Type of Treatment: _____

Facility Where Treatment Was Initiated:

Facility: _____

Address: _____

City: _____

Zip Code: _____

Date of Client's Next Breast Screening: _____

Breast Cycle Disposition:

- ☐ Complete
☐ Incomplete

Clinician's Signature: _____

Appendix 5: Program Material Examples Continued

1. HOPI TRACKING DOCUMENT — WOMEN'S HEALTH PROGRAM, CERVICAL DIAGNOSTIC & TREATMENT FORM. PAGE 3 OF 3



H.O.P.I. WOMEN'S HEALTH PROGRAM Cervical Diagnostic & Treatment Form (Case Management)

Provider: _____ IHS Chart #: _____

Patient Information

Last Name: _____ First Name: _____ M.I.: _____ Social Security #: _____ Birth Date: _____

Diagnostic Procedures

Instructions: Use the following codes to complete the table below for all diagnostic procedures that have been performed, refused, or are pending.

Status: 1 - Procedure Performed
2 - Procedure Pending
3 - Procedure Refused

Results: 1 - Within Normal Limits
2 - Abnormal
3 - Indeterminate

Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	
Procedure: _____	Date of Apt. _____	Status: _____	Date Performed: _____
Date Result Received: _____	Result: _____	Provider: _____	

Diagnostic Disposition

Disposition of Diagnostic Procedure(s):

☐ Work Up Complete

☐ Work Up Pending

☐ Lost to Follow Up

Reason: _____

☐ Diagnostic Work Up Refused

Date of Diagnostic Disposition: _____

Final Diagnosis:

☐ Normal/Benign Reaction

☐ HPV/Condylomata/Atypical

☐ CIN I/Mild Dysplasia

☐ CIN II/Moderate Dysplasia

☐ CIN III/Severe Dysplasia/Carcinoma In Situ

☐ Invasive Cervical Carcinoma

☐ Other: _____

☐ Low Grade SIL (Biopsy Diagnosis)

☐ High Grade SIL (Biopsy Diagnosis)

Stage at Diagnosis:

☐ Stage I

☐ Stage II

☐ Stage III

☐ Stage IV

☐ Summary Local

☐ Summary Regional

☐ Summary Distant

☐ Unknown/Unstaged

Treatment Disposition

Complete This Section Only If Client Is Diagnosed With Cervical Cancer

Disposition of Treatment:

☐ Treatment Initiated

☐ Work Up Pending

☐ Lost to Follow Up

☐ Treatment Refused

☐ Treatment Not Indicated

Date of Treatment Disposition: _____

Type of Treatment: _____

Facility Where Treatment Was Initiated:

Facility: _____

Address: _____

City: _____

Zip Code: _____

Date of Client's Next Pap Screening: _____

Cervical Cycle Disposition:

☐ Complete

☐ Incomplete

Clinician's Signature: _____

Appendix 5: Program Material Examples Continued

2. SPIPA NATIVE WOMEN'S WELLNESS PROGRAM — PATIENT SATISFACTION SURVEY PAGE 1 OF 2



NATIVE WOMEN'S WELLNESS PROGRAM

Patient survey: Please complete and return to your Outreach Worker

1. My last mammogram was:
 - ☐ Less than 1 year ago
 - ☐ 1-2 years ago
 - ☐ More than 2 years ago
 - ☐ Never
2. If I had a mammogram, I got it at:
 - ☐ At the Tribal clinic or casino
 - ☐ Outside the tribe
3. If I got my mammogram at the tribal clinic, I was
 - ☐ Very satisfied with the service I received
 - ☐ Somewhat satisfied
 - ☐ Neither satisfied or unsatisfied
 - ☐ Somewhat unsatisfied
 - ☐ Very unsatisfied
4. If I got my mammogram at another provider, it was because:
 - ☐ It was more convenient
 - ☐ I didn't know I could get it at the tribal clinic
 - ☐ I didn't want to get it at the tribal clinic because _____
 - ☐ I saw my regular health provider
5. If I never had a mammogram, it was because:
 - ☐ I am not old enough
 - ☐ Lack of childcare
 - ☐ Lack of transportation
 - ☐ No health insurance/to expensive
 - ☐ Afraid of finding a problem
 - ☐ Bad experience in the past
 - ☐ It goes against my faith/culture
 - ☐ To embarrassing or painful
6. My last Pap test was:
 - ☐ Less than a year ago
 - ☐ 1-2 years ago
 - ☐ More than 2 years ago
 - ☐ Never
7. If I had a Pap test, I got it:
 - ☐ At the tribal clinic
 - ☐ Outside of the tribe

South Puget Intertribal Planning Agency

3104 SE Old Olympic Hwy Shelton, WA 98584 360.426.3990 spipa.org

Appendix 5: Program Material Examples Continued

2. SPIPA NATIVE WOMEN'S WELLNESS PROGRAM — PATIENT SATISFACTION SURVEY PAGE 2 OF 2

8. If I got my Pap at the tribal clinic, I was:
- ☐ Very satisfied with the service I received
 - ☐ Somewhat satisfied
 - ☐ Neither satisfied or unsatisfied
 - ☐ Somewhat unsatisfied
 - ☐ Very unsatisfied
9. If I got my Pap test at another provider, it was because:
- ☐ It was more convenient
 - ☐ I didn't know I could get it at the tribal clinic
 - ☐ I saw my regular health provider
 - ☐ I didn't want to go to the tribal clinic because _____
10. If I never had a Pap test it was because:
- ☐ Lack of childcare
 - ☐ Lack of transportation
 - ☐ No health insurance/to expensive
 - ☐ Bad experience in the past with doctor/hospital
 - ☐ Afraid of finding a problem
 - ☐ To embarrassing or painful
 - ☐ It goes against my faith/culture
11. If I never had a mammogram or Pap, I may have one if: _____
12. I have been to an educational wellness community event at my tribe or another SPIPA tribe in the last year
- ☐ Yes
 - ☐ No
13. If I checked yes, the health information I learned was helpful to my family or me
- ☐ Yes
 - ☐ No
14. If I checked no, I didn't attend because:
- ☐ Lack of child care
 - ☐ Lack of transportation
 - ☐ I didn't hear about the event
 - ☐ It was an inconvenient place/time
 - ☐ I wasn't interested
15. If I checked no, I would be more likely to attend in the future if: _____
16. I would like to see more intertribal wellness events:
- ☐ Yes
 - ☐ No
17. Topics that would be important to me are: _____
18. How could the Native Women's Wellness Program (NWWP) improve? _____

Appendix 5: Program Material Examples Continued

3. HOPI CANCER SUPPORT SERVICES — WELL WOMEN VISIT SURVEY



H.O.P. I. Cancer Support Services

P.O. Box 123

Kykotsmovi, Az. 86039

Phone #: 928-734-1151 or 734-1152

Well Women Visit Survey

- 1.) Is this your first Well Women's visit? **Yes** **or** **No**
- 2.) How was your wait time? (**example:** too long/quick, boring/not boring)
- 3.) Did you receive any education today (*video/speaker*)? **Yes** **or** **No**
- 4.) Was the **Women's Program** staff courteous? **Yes** **or** **No**
If no, why?
- 5.) Was the Hopi **Health Care Provider** courteous? **Yes** **or** **No**
If no, why?
- 6.) Are you satisfied with your over-all care today? **Yes** **or** **No**
If no, why?
- 7.) What usually holds you back from making appointments? (*Examples: Babysitting issue, no ride, etc.*)
- 8.) Does not having money for gas affect your ability to get to your doctor appointments? **Yes** **or** **No**
- 9.) How can we improve your Well Women's visit?

Thank you for taking the time to fill out our survey!!!
Great Job for taking great care of your health!!!

Appendix 5: Program Material Examples Continued

4. SOUTHCENTRAL FOUNDATION — PREVENTIVE TESTING/SCREENING REMINDER LETTER



ALASKA NATIVE
MEDICAL CENTER



Southcentral Foundation
Dr. Verlyn Corbett, MD
Anchorage Native Primary Care Center 3 East
4320 Diplomacy Drive, Suite 3191
Anchorage, Alaska 99508

March 6, 2018

C-O First and Last Name
C-O Mailing Address
DOB
MRN

RE: Preventive Testing/Screening

Dear C-O First Name,

Preventive care can help you avoid many serious health problems. Our records indicate that you are due for the following types of preventive care. Please call your scheduler, Brittany at **(907) 729-6557** to schedule an appointment. If you have any questions or concerns, please ask to leave a message with your Nurse Case Manager regarding this letter.

- | | |
|--|---|
| <input type="checkbox"/> Pap Smear | <input type="checkbox"/> Blood work/ Labs in Support Clinic |
| <input type="checkbox"/> Clinical Breast Exam/ Mammogram | <input type="checkbox"/> Fasting |
| <input type="checkbox"/> Appointment with Provider
30 minutes | <input type="checkbox"/> Non-fasting |
| <input type="checkbox"/> Medication Consult
Please bring your pill bottles into the appt. | <input type="checkbox"/> Blood Pressure Check |
| | <input type="checkbox"/> Immunizations update |
| | <input type="checkbox"/> Influenza (flu shot) |
| | <input type="checkbox"/> Pneumonia vaccine |
| | <input type="checkbox"/> Tetanus/diphtheria |
| | <input type="checkbox"/> Other _____ |

Sincerely,

Brittany Condefer, Case Management Support
Dr. Verlyn Corbett, MD
Phone: (907) 729-6557
Fax: (907) 729-4136

Appendix 5: Program Material Examples Continued

5. KANZA HEALTH CENTER WOMEN'S HEALTH PROGRAM — POSTCARD REMINDER



Kaw Nation
Women's Health Program
 P.O. Box 474 — 3151 E. River Road
 Newkirk, OK 74647
 Phone (580) 362-1039 — Fax (580) 362-1467

This is to remind you that it is time or may be past time for your:

- ☐ Well Woman Exam (Pap Test and/or Clinical Breast Exam)
☐ Repeat/follow-up (Pap and/or Breast Exam)
☐ Annual Mammogram
☐ Follow-Up Mammogram

Comment: _____

Please call your regular Clinic indicated below today, to make an appointment with **Kaw Women's Health Program**.

If you have already made this appointment,
 then we hope to see you soon.



Thank you for allowing us to help in caring for you!



Kaw Nation
Women's Health Program
 P.O. Box 474 — 3151 E. River Road
 Newkirk, OK 74647
 Phone (580) 362-1039 — Fax (580) 362-1467

This is to remind you that it is time or may be past time for your:

- ☐ Well Woman Exam (Pap Test and/or Clinical Breast Exam)
☐ Repeat/follow-up (Pap and/or Breast Exam)
☐ Annual Mammogram
☐ Follow-Up Mammogram

Comment: _____

Please call **Your Clinic** at: _____ today,
 to make an appointment with **Kaw Women's Health Program**.

If you have already made this appointment,
 then we hope to see you soon.

Thank you for allowing us to help in caring for you!

 You have an appointment with

KAW WOMEN'S HEALTH PROGRAM

Site: _____

Address: _____

Phone: _____


☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.



_____ at _____ am/pm

If unable to make appointment, please call **Kaw Women's Health** (580) 362-1039 or phone listed above.

Appendix 5: Program Material Examples Continued

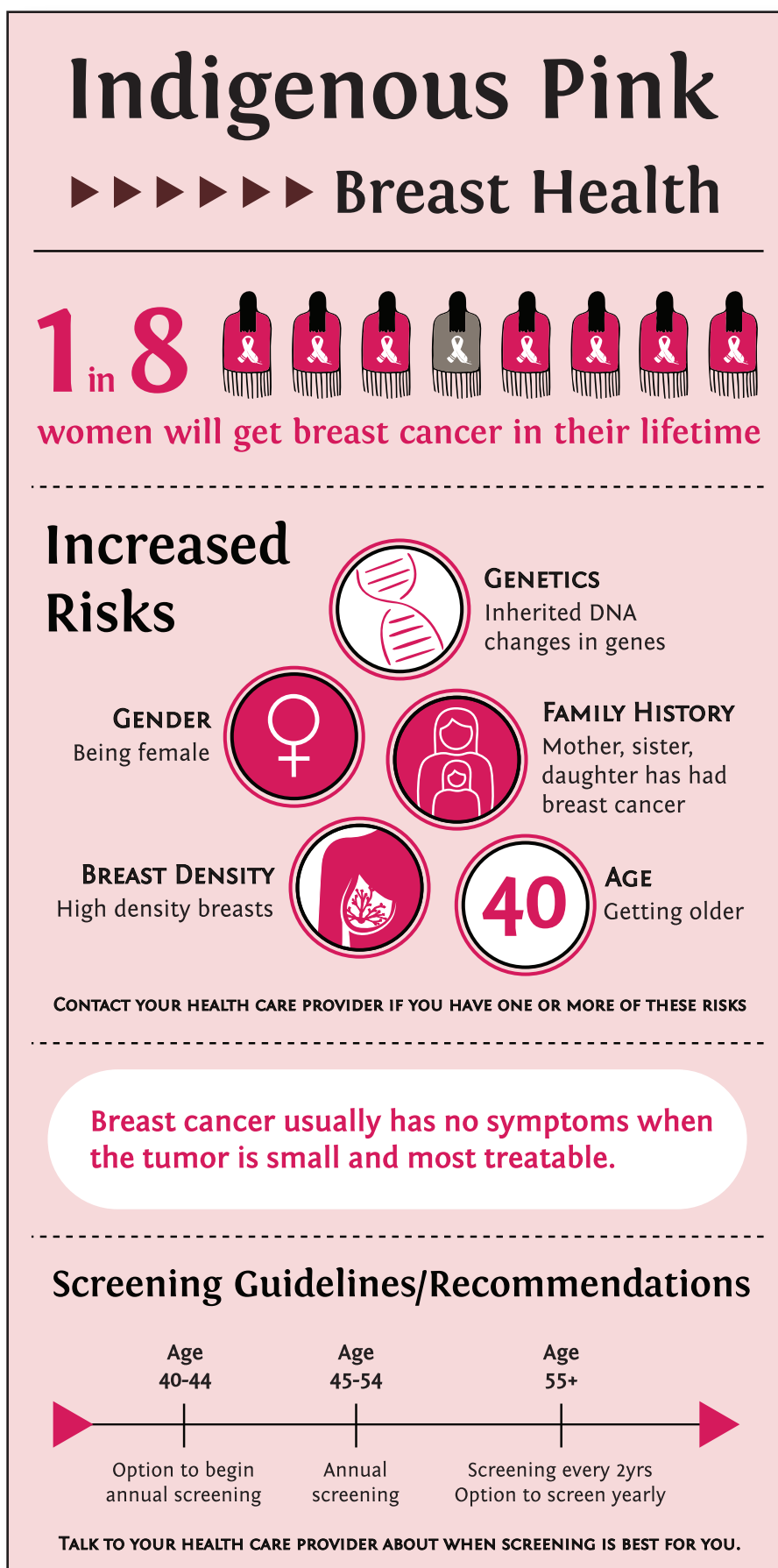
6. GPTCHB POST CARD REMINDER

	
<p>XX Health and Wellness Center XXX Street City, State, Zip Code</p> <p>Dear Patient, Here's a friendly reminder that it's time for your yearly colorectal cancer screening.</p> <p>Please call our office to schedule an appointment to pick up a screening kit.</p>	<div><p>PLACE STAMP</p></div> <hr/> <hr/> <hr/> <hr/>

	
	<p>Colon cancer kills more than 50,000 people each year, but screening can largely prevent the disease when precancerous polyps are found and removed before they turn into cancer.</p> <p>Carry on the Tradition of Life...</p> <p>Colorectal Cancer is:</p> <ul style="list-style-type: none">• Preventable• Treatable• Beatable

Appendix 5: Program Material Examples Continued

7. AMERICAN INDIAN CANCER FOUNDATION — BREAST CANCER INFOGRAPHIC. PAGE 1 OF 2



Appendix 5: Program Material Examples Continued

7. AMERICAN INDIAN CANCER FOUNDATION — BREAST CANCER INFOGRAPHIC. PAGE 2 OF 2



Breast cancer is the **2nd** leading cause of cancer death for **American Indian women**.
A mammogram may save your life.

What can I do?



BREASTFEED
Breastfeeding reduces estrogen exposure that helps prevent breast cancer



WEIGHT CONTROL
Overweight or obese women are at a higher risk



REGULAR MAMMOGRAMS
Women 40+ should have the option to have a mammogram once a year



EXERCISE
Exercising 3 days/week may lower your risk



LIMIT ALCOHOL USE
Alcohol can increase estrogen which can increase risk



REGULAR BREAST EXAMS
Speak to your health care provider for options



American Indian Cancer Foundation®



@AMERICANINDIANCANCER



/AMERICANINDIANCANCER



@AICAF_ORG



AmericanIndianCancer.org

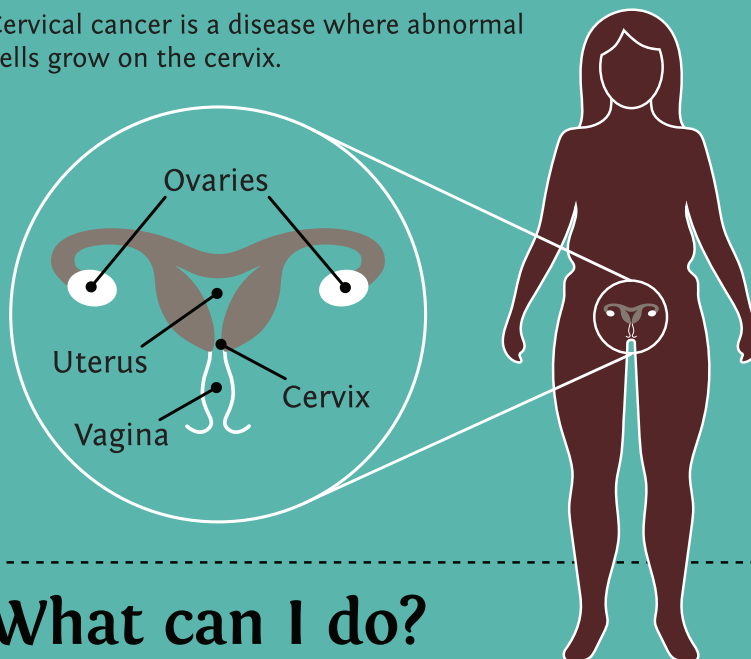
Appendix 5: Program Material Examples Continued

8. AMERICAN INDIAN CANCER FOUNDATION — CERVICAL CANCER INFOGRAPHIC. PAGE 1 OF 2

End Cervical Cancer ▶▶▶▶ in Indian Country

What is cervical cancer?

Cervical cancer is a disease where abnormal cells grow on the cervix.



What can I do?



GET VACCINATED

The human papillomavirus (HPV) vaccine is recommended for everyone **ages 9-26** to protect against HPV cases that lead to 9 out of 10 cervical cancers. *Learn more at: [AICAF.org/hpv](https://www.aicaf.org/hpv)*



PRACTICE SMART SEX

Use protection and talk with your sexual partners: anyone who has ever had anal, vaginal or oral sex can get HPV.



QUIT SMOKING

Smoking weakens the immune system, making it harder for the body to fight HPV infection. *Learn more at: [AICAF.org/quit](https://www.aicaf.org/quit)*




GET SCREENED

Cervical cancer is highly curable when detected and treated early.

Appendix 5: Program Material Examples Continued

8. AMERICAN INDIAN CANCER FOUNDATION — CERVICAL CANCER INFOGRAPHIC. PAGE 2 OF 2



American Indian women are nearly **2X** more likely to develop cervical cancer than white women.

Screening Tests

- ▶ **PAP TESTS** look for cell changes on the cervix during a pelvic exam. Regular Pap tests are the **ONLY** effective way to find cancer early
- ▶ **HPV TESTS** look for HPV that can cause cell changes that may lead to cervical cancer

When should I get screened?

21-29

Pap test every **3** years

30-65

Two options:
1) Continue Pap test every **3** years OR
2) Pap test AND HPV test every **5** years


65+

Talk to your health care provider




THESE ARE SCREENING GUIDELINES FOR AVERAGE-RISK WOMEN WITH NORMAL TEST RESULTS. TALK TO YOUR HEALTH CARE PROVIDER ABOUT GUIDELINES WITH ABNORMAL TEST RESULTS.


Abnormal Pap? Don't panic!

An abnormal Pap test is not a diagnosis of cervical cancer. Follow up with your health care provider to discuss your screening results and recommendations.



American Indian Cancer Foundation.

 @AMERICANINDIANCANCER  /AMERICANINDIANCANCER  @AICAF_ORG

 **AmericanIndianCancer.org**

Appendix 5: Program Material Examples Continued

9. SOUTH PUGET INTERTRIBAL PLANNING AGENCY — NATIVE WOMEN'S WELLNESS PROGRAM BROCHURE. PAGE 1 OF 2

CANCER SCREENINGS



Among the first programs funded in 1994 by the Centers for Disease Control (CDC) under the American Indian/Alaska Native Initiative. Funds female health providers at Tribal health clinics who conduct breast and cervical cancer screenings to Native women, spouses, and partners.

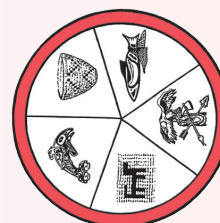
REFERRALS



Referrals are made as needed. Outreach informs community members about services, increase screenings, and track treatment timeliness.



NATIVE WOMEN'S WELLNESS PROGRAM



South Puget Intertribal
Planning Agency

3104 SE Old Olympic Hwy
Shelton, WA 98584
360.426.3990
800.924.3984
spipa.org



9. SOUTH PUGET INTERTRIBAL PLANNING AGENCY — NATIVE WOMEN'S WELLNESS PROGRAM BROCHURE. PAGE 2 OF 2

Breast Cancer Prevention

HEALTH TIPS

Screening

Mammogram, clinical breast exam, and other tests

- Breast cancer screening
- Diagnosing breast cancer
- More information on screening and diagnosis: Mammogram, clinical breast exam and other tests

Breast cancer screening

- Breast cancer screening looks for signs of cancer before a woman has symptoms. Screening can help find breast cancer early, when the chance of successful treatment is best. Two tests are commonly used to screen for breast cancer:
 - Mammogram. A low-dose x-ray exam of the breasts to look for changes that are not normal. Check the womenhealth.gov screening charts to see when you should get a mammogram.
 - Clinical breast exam (CBE). The doctor looks at and feels the breasts and under the arms for lumps or anything else that seems unusual. Ask your doctor if you need a CBE.

Diagnosis

Diagnosing breast Cancer

Screening tests look for signs of cancer. If a screening mammogram or CBE shows a breast change that could be cancer, additional tests are needed to learn more. These tests might include:

Diagnostic mammogram. This type of mammogram uses x-rays to take more detailed images of areas that look abnormal on a screening mammogram.

Ultrasound exam. Sound waves help your doctor see if a lump is solid (could be cancer) or filled with fluid (a fluid filled sac that is not cancer).

Magnetic resonance imaging (MRI). Radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the breast. MRI may be used if enlarged lymph nodes or lumps are found during a clinical breast exam that are not seen on a mammogram or ultrasound. Breast biopsy. Fluid or tissue is removed from the breast and checked for cancer cells. There are many types of biopsy. A biopsy is the only test to find out if cells are cancer.

If you are 50 to 74 years old, get a screening mammogram every two years.

Maintain a healthy weight.
Exercise regularly.
Get plenty of rest.

Don't drink alcohol, or limit it to one drink a day.
Don't smoke.




Visit spipa.org for more information

Appendix 5: Program Material Examples Continued

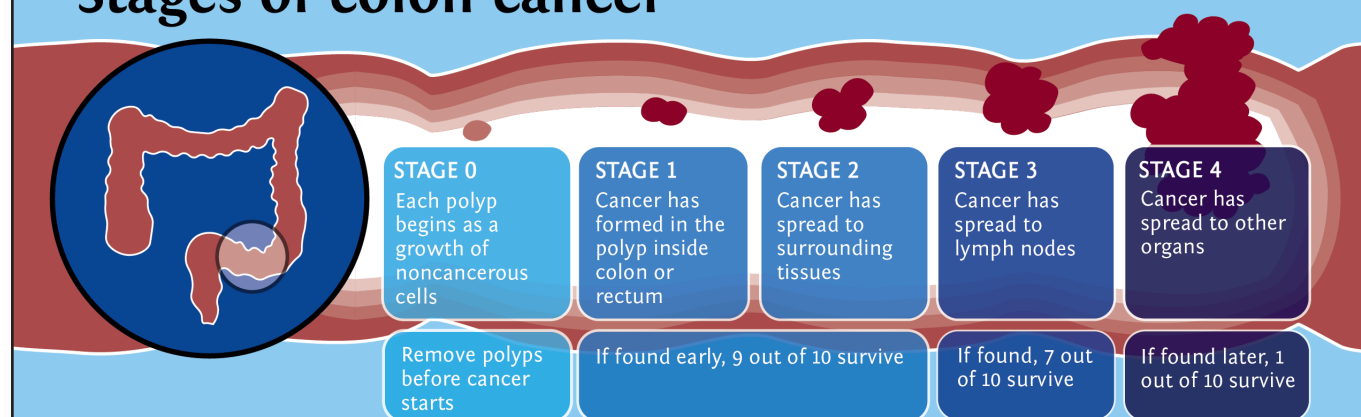
10. AMERICAN INDIAN CANCER FOUNDATION — COLON CANCER INFOGRAPHIC

End Colon Cancer ▶▶▶▶ in Indian Country

What is colon cancer?

A disease in the large intestine (colon) and rectum. Most colon cancers start as small noncancerous clumps of cells called polyps. Without treatment, polyps may turn cancerous.

Stages of colon cancer



TIMING MATTERS WHEN COLON CANCER IS FOUND

What can I do?



QUIT SMOKING



EAT FRUITS & VEGGIES



WEIGHT CONTROL



GET SCREENED



EXERCISE



LIMIT ALCOHOL USE



Colon cancer is the second leading cause of cancer death for American Indians and Alaska Natives.



Colon cancer often has no symptoms in early stages.

Screening tests

Colon cancer screening for American Indians is recommended for those ages 45-75

▶ STOOL-BASED TESTS

- Looks for blood in the stool
- Take test at home every 1-3 years
- Mail or return to clinic
- If positive, must have colonoscopy

▶ VISUAL TESTS

- Looks directly in the colon
- Test is done at a medical center
- Colonoscopy can prevent cancer by removal of polyps during test

Talk to your health care provider about when screening is best for you.

AmericanIndianCancer.org



@AMERICANINDIANCANCER



/AMERICANINDIANCANCER




@AICAF_ORG



American Indian
Cancer Foundation.

Appendix 5: Program Material Examples Continued

11. SEARHC MOBILE MAMMOGRAPHY FLYER



THE MOBILE MAMMOGRAPHY VAN IS COMING!

SEARHC's WISEWOMAN Women's Health Program in partnership with the Breast Cancer Detection Center is pleased to bring mobile mammography with the latest digital technology to your community.

All women are at risk of getting breast cancer. Early detection through regular screening increases the chances of long-term survival.

The mobile mammography van will visit the following communities:

- **Angoon** **April 27-28**
- **Kake** **May 4-5**
- **Haines** **May 8-11**
- **Yakutat** **May 17-18**

For more information or to make an appointment, call **907.364.4450** (**Angoon/Kake**), **907.766.6366** (**Haines**), or **907.784.3260** (**Yakutat**). You can also call the SEARHC WISEWOMAN Women's Health Program toll-free at 1.888.388.8782 or email askwh@searhc.org.

To learn more about services available through the SEARHC WISEWOMAN Women's Health Program, visit searhc.org/service/health-promotion.


searhc.org

Appendix 5: Program Material Examples Continued

12. SCF FLYER. PAGE 1 OF 2

Power of Hope

Cancer and Education Social Group



When cancer touches your life, or that of a loved one, it's important to have a network of friends to help. The Power of Hope Cancer Education and Social Luncheon is a place to find support and discover healthy ways to manage living with, and surviving, cancer. Hear from professionals on a variety of important topics, as they share stories on nutrition and planning meals, cancer prevention, risk factors and early detection, gene counseling, coping with stress, choosing the right treatment options, and more. A healthy lunch will be provided.

**When:**

Noon – 1 p.m. on the last Monday of every month (see calendar on back)

(**Note:** if the last Monday falls on a holiday, the luncheon will be held the Monday before.)

**Where:**

Mt. Marathon Building, Denali Room, 1st floor, 4201 Tudor Centre Drive, Anchorage

**Who:**

The luncheon is open to anyone going through cancer treatment, a cancer survivor, caregiver, or support partner.

For more information, please contact:

Health Education

(907) 729-8856

southcentralfoundation.com



Appendix 5: Program Material Examples Continued

12. SCF FLYER. PAGE 2 OF 2

2017	October							November							December						
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6	7				1	2	3	4						1	2
	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
															31						
	January							February							March						
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5	6					1	2	3					1	2	3
	7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10
	14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17
	21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24
	28	29	30	31				25	26	27	28				25	26	27	28	29	30	31
2018	April							May							June						
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6	7			1	2	3	4	5						1	2
	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
	29	30						27	28	29	30	31			24	25	26	27	28	29	30
	July							August							September						
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6	7			1	2	3	4								1
	8	9	10	11	12	13	14	5	6	7	8	9	10	11	2	3	4	5	6	7	8
	15	16	17	18	19	20	21	12	13	14	15	16	17	18	9	10	11	12	13	14	15
	22	23	24	25	26	27	28	19	20	21	22	23	24	25	16	17	18	19	20	21	22
	29	30	31					26	27	28	29	30	31		23	24	25	26	27	28	29
															30						
	October							November							December						
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5	6					1	2	3							1
	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8
	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22
	28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29
															30	31					