

## Appendix 5: Program Material Examples

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### 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) BCEDP 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: _____

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: _____	

#### 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                       Summary Local  
 Stage II                       Summary Regional  
 Stage III                       Summary Distant  
 Stage IV                       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



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<br>30 minutes                             | <input type="checkbox"/> Non-fasting                        |
| <input type="checkbox"/> Medication Consult<br>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><b>XX Health and Wellness Center</b> <b>XXX Street</b> <b>City, State, Zip Code</b></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>	<p>PLACE STAMP</p> <hr/> <hr/> <hr/> <hr/>
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	<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><b>Carry on the Tradition of Life...</b></p> <p>Colorectal Cancer is:</p> <ul style="list-style-type: none"><li>• Preventable</li><li>• Treatable</li><li>• Beatable</li></ul>
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## 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.

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## 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](http://AmericanIndianCancer.org)

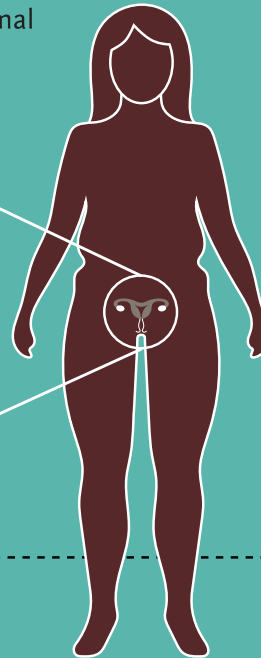
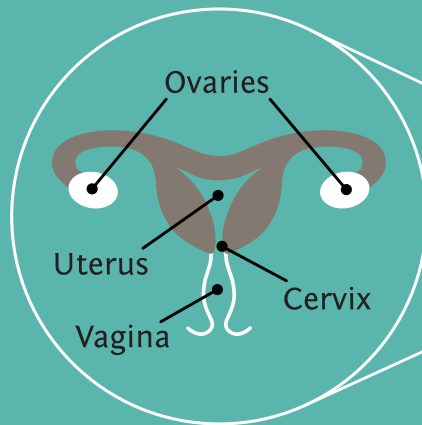
## Appendix 5: Program Material Examples Continued

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](http://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](http://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



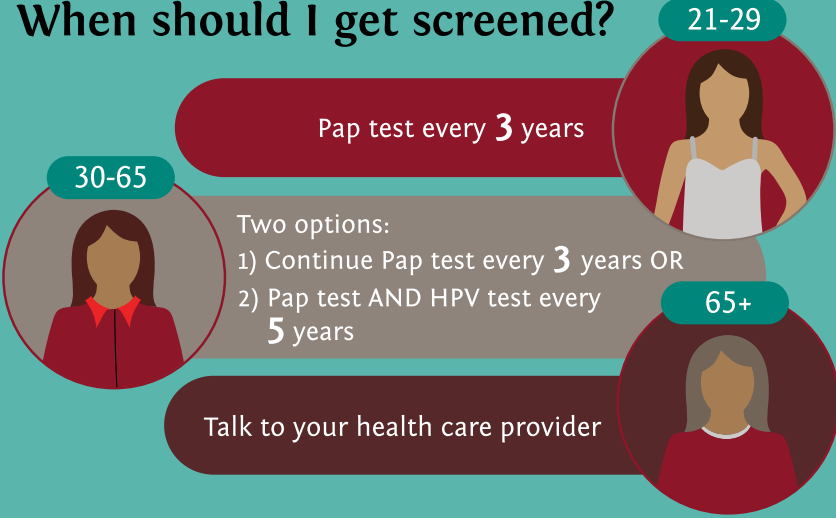
**American Indian women** are nearly **2X** more likely to develop cervical cancer than white women.

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## 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


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




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### 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](http://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 WOMENS 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](http://www.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.

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.



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.

Visit [spipa.org](http://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

<b>STAGE 0</b> Each polyp begins as a growth of noncancerous cells	<b>STAGE 1</b> Cancer has formed in the polyp inside colon or rectum	<b>STAGE 2</b> Cancer has spread to surrounding tissues	<b>STAGE 3</b> Cancer has spread to lymph nodes	<b>STAGE 4</b> Cancer has spread to other organs
Remove polyps before cancer starts	If found early, 9 out of 10 survive	If found, 7 out of 10 survive	If found later, 1 out of 10 survive	

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.

### 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

### 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](mailto:askwh@searhc.org).

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



## 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](http://southcentralfoundation.com)



# Appendix 5: Program Material Examples Continued

## 12. SCF FLYER. PAGE 2 OF 2

2017	<b>October</b>	<b>November</b>	<b>December</b>
	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	
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2018	<b>January</b>	<b>February</b>	<b>March</b>
	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
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<b>October</b>	<b>November</b>	<b>December</b>	
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7 8 9 10 11 12 13	4 5 6 7 8 9 10	2 3 4 5 6 7 8	
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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	

**Appendix 6: Blank Templates**

**PROVIDER REMINDERS POLICY TEMPLATE – PAGE 1 OF 2**

<b>[[TRIBAL CLINIC NAME]]</b>								
<b>Chapter:</b>					<b>Dept:</b>	Clinical		
<b>Standard:</b>								
<b>Subject:</b>	Provider Reminders Protocol for Cancer Screenings				<b>Effective Date:</b>			
<b>Review Date:</b>	<b>Updated?</b>		<b>Revision Date:</b>		<b>Version Number:</b>	1	<b>Page #:</b>	Page <b>1</b> of <b>2</b>
	Yes	No						

**I. POLICY STATEMENT:**

Provider reminder and recall systems are evidence-based strategies to increase screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT). Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The goal of provider reminders/recalls is to increase scheduling of appropriate cancer screening services by healthcare providers.

**II. PURPOSE:**

Cancer screening, or checking for cancer or abnormal tissues before symptoms develop, is an effective way to prevent cancer or ensure early detection. Cancer screening is especially important for breast, cervical, and colorectal cancers. This is because screening can detect early-stage cancer or tissues that may become cancerous, effectively preventing cancer deaths and increasing the likelihood that a patient can still be treated effectively.

With increased cancer screening rates per national guidelines, many cancer deaths could be avoided. Routine patient cancer screenings are particularly effective as they can frequently prevent or detect cancers before a person develops any symptoms. Identifying abnormal tissues before disease develops or discovering cancer during early stages may make it easier for the cancer to be prevented, treated, or cured, reducing morbidity and mortality and the overall burden of disease. Cancer screening is low-risk and typically causes patients only minor discomfort or inconvenience while providing valuable results.

## Appendix 6: Blank Templates Continued

### PROVIDER REMINDERS POLICY TEMPLATE – PAGE 2 OF 2

<b>[[TRIBAL CLINIC NAME]]</b>							
<b>Chapter:</b>					<b>Dept:</b>	Clinical	
<b>Standard:</b>							
<b>Subject:</b>	Provider Reminders Protocol for Cancer Screenings				<b>Effective Date:</b>		
<b>Review Date:</b>	<b>Updated?</b>		<b>Revision Date:</b>		<b>Version Number:</b>	1	<b>Page #:</b>
	Yes	No					

### III. GUIDELINES:

	Breast Cancer	Cervical Cancer	Colorectal Cancer
<b>USPSTF</b>	<p><b>Age 40-49:</b> mammograms should be woman's decision after learning about risks and benefits.</p> <p><b>Age 50-74:</b> biennial mammograms recommended</p> <p><b>Age 75+:</b> no specific recommendations.</p>	<p><b>Age 21-29:</b> Pap test recommended every three years.</p> <p><b>Age 30-65+:</b> Pap test every three years, Pap + HPV co-testing (i.e. done at the same time) every five years, or primary HPV testing alone every five years.</p> <p><b>Age 65+:</b> Women who do not meet the criteria for adequate prior screening, or for whom the adequacy of prior screening is unknown, should still be screened.</p>	<p><b>Age 50-75:</b> One of the following –</p> <ul style="list-style-type: none"> <li>• FIT, FOBT, or FIT-DNA tests annually</li> <li>• FIT-DNA every three years</li> <li>• Colonoscopies every 10 years</li> <li>• CT colonoscopies and sigmoidoscopies every five years</li> <li>• Sigmoidoscopies every ten years with FIT testing completed annually.</li> </ul> <p><b>Ages 76-85:</b> individual decisions should be made based on patient health and history.</p>
<b>ACS</b>	<p><b>Age 40-44:</b> mammograms should be woman's decision after learning about risks and benefits.</p> <p><b>Age 45-55:</b> annual mammograms recommended.</p> <p><b>Age 55-74+:</b> can continue annual mammograms or reduce screenings to every two years. Older women advised to continue screenings if healthy and expected to live at 10+ years.</p>	<p><b>Age 21-29:</b> Pap test recommended every three years.</p> <p><b>Age 30-65:</b> co-testing every five years (preferable) or Pap testing every three years.</p>	<p><b>Age 45+:</b> One of the following</p> <ul style="list-style-type: none"> <li>• Colonoscopies every 10 years</li> <li>• CT colonographies sigmoidoscopies, or double- contrast barium enemas every five years</li> <li>• FIT or FOBT tests annually</li> <li>• Stool DNA tests every three years.</li> </ul>

### IV. PROCEDURE:

#### **Key steps for implementing this evidence-based approach of Provider Reminders**

1. Electronic reminders shall be designed and implemented.
2. Identify patients due for screening test.
3. Alert providers of patients identified that need a screening test.
  - a. Ensuring electronic reminder in EHR system is programmed to alert provider of needed screening tests at time of visit
4. Complete screening tests or give a provider referral
  - a. Make sure the scheduled screening is appropriately documented in HER
5. Monitor provider performance in response to provider reminders, reassess workflows, and adjust for what works best to increase number of patients officially scheduled for screening(s).

## Appendix 6: Blank Templates Continued

### CLIENT REMINDERS POLICY TEMPLATE – PAGE 1 OF 2

<b>[[TRIBAL CLINIC NAME]]</b>								
<b>Chapter:</b>					<b>Dept:</b>	Clinical		
<b>Standard:</b>								
<b>Subject:</b>	Patient Reminders Protocol for Cancer Screenings				<b>Effective Date:</b>			
<b>Review Date:</b>	<b>Updated?</b>		<b>Revision Date:</b>		<b>Version Number:</b>	1	<b>Page #:</b>	Page <b>1</b> of <b>2</b>
	Yes	No						

### I. POLICY STATEMENT:

Sending client reminders to patients is an evidence-based strategy to increase screening rates for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT). A client reminder is a message advising an individual that they are due or past due for a cancer screening test. The goal of patient reminders is to increase adherence to and completion of cancer screenings by patients.

### II. PURPOSE:

Cancer screening, or checking for cancer or abnormal tissues before symptoms develop, is an effective way to prevent cancer or ensure early detection. Cancer screening is especially important for breast, cervical, and colorectal cancers. This is because screening can detect early-stage cancer or tissues that may become cancerous, effectively preventing cancer deaths and increasing the likelihood that a patient can still be treated effectively.

With increased cancer screening rates per national guidelines, many cancer deaths could be avoided. Routine patient cancer screenings are particularly effective as they can frequently prevent or detect cancers before a person develops any symptoms. Identifying abnormal tissues before disease develops or discovering cancer during early stages may make it easier for the cancer to be prevented, treated, or cured, reducing morbidity and mortality and the overall burden of disease. Cancer screening is low-risk and typically causes patients only minor discomfort or inconvenience while providing valuable results.

## Appendix 6: Blank Templates Continued

### CLIENT REMINDERS POLICY TEMPLATE – PAGE 2 OF 2

<b>[[TRIBAL CLINIC NAME]]</b>							
<b>Chapter:</b>					<b>Dept:</b>	Clinical	
<b>Standard:</b>							
<b>Subject:</b>	Patient Reminders Protocol for Cancer Screenings				<b>Effective Date:</b>		
<b>Review Date:</b>	<b>Updated?</b>		<b>Revision Date:</b>		<b>Version Number:</b>	1	<b>Page #:</b>
	Yes	No					

### III. GUIDELINES:

	Breast Cancer	Cervical Cancer	Colorectal Cancer
<b>USPSTF</b>	<p><b>Age 40-49:</b> mammograms should be woman’s decision after learning about risks and benefits.</p> <p><b>Age 50-74:</b> biennial mammograms recommended</p> <p><b>Age 75+:</b> no specific recommendations.</p>	<p><b>Age 21-65:</b> Pap test recommended every three years.</p> <p>OR alternately</p> <p><b>Age 30-65+:</b> Pap + HPV co-testing (i.e. done at the same time) every five years for women who want to extend the time period between tests.</p> <p><b>Age 65+:</b> Women who do not meet the criteria for adequate prior screening, or for whom the adequacy of prior screening is unknown, should still be screened.</p>	<p><b>Age 50-75:</b> One of the following –</p> <ul style="list-style-type: none"> <li>• FIT, FOBT, or FIT-DNA tests annually</li> <li>• FIT-DNA every three years</li> <li>• Colonoscopies every 10 years</li> <li>• CT colonoscopies and sigmoidoscopies every five years</li> <li>• Sigmoidoscopies every ten years with FIT testing completed annually.</li> </ul> <p><b>Ages 76-85:</b> individual decisions should be made based on patient health and history.</p>
<b>ACS</b>	<p><b>Age 40-44:</b> mammograms should be woman’s decision after learning about risks and benefits.</p> <p><b>Age 45-55:</b> annual mammograms recommended.</p> <p><b>Age 55-74+:</b> can continue annual mammograms or reduce screenings to every two years. Older women advised to continue screenings if healthy and expected to live at 10+ years.</p>	<p><b>Age 21-29:</b> Pap test recommended every three years.</p> <p>OR alternately</p> <p><b>Age 30-65:</b> co-testing every five years.</p>	<p><b>Age 45+:</b> One of the following:</p> <ul style="list-style-type: none"> <li>• Colonoscopies every 10 years</li> <li>• CT colonographies sigmoidoscopies, or double- contrast barium enemas every five years</li> <li>• FIT or FOBT tests annually</li> <li>• Stool DNA tests every three years.</li> </ul>

### IV. PROCEDURE:

#### **Key steps for implementing this evidence-based approach of Patient Reminders**

1. Identify patients due (reminders) or overdue (recalls) for a cancer screening test.
2. Send out “text-reminder” template or “text-recall” template to all identified patients with due/overdue cancer screenings.
3. One week after first reminder/recall text has been sent and following each week thereafter a “text-follow-up” motivational template shall be sent to all identified patients encouraging them to schedule their cancer screening(s) until the due/overdue cancer screening(s) have been scheduled.
4. Upon the successful scheduling of the due/overdue cancer screening the patient shall be added to the list to receive “text-educational” templates depending if their screening requires strict preparations and/ or “test-accolades” templates which will praise their decision to schedule and complete the due/overdue screening with the goal of patient adhering and completing the screening.



## Appendix 6: Blank Templates Continued

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Cervical  
Client Reminder Template

Date:

Dear:

Although cervical cancer was previously one of the most common causes of cancer deaths American women, cancer screening has lowered the amount of deaths caused by cervical cancer by 50% in the past 40 years. Cervical cancer can be prevented or detected early which can prevent death from cervical cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due for your cervical cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely,  
*Provider Signature*

## Appendix 6: Blank Templates Continued

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Breast  
Client Reminder Template

Date:

Dear:

Breast cancer is the most frequently diagnosed cancer and leading cause of death among American Indian women. The good news is that breast cancer can be prevented or detected early which can prevent death from breast cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due for your breast cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely  
*Provider Signature*

## Appendix 6: Blank Templates Continued

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Women's Health  
Client Reminder Template

Date:

Dear:

Breast and cervical cancer are two of the leading causes of cancer-related deaths in the United States and all women are at risk. The good news is that these types of cancer can be prevented or detected early which can prevent death from breast or cervical cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely

*Provider Signature*

## Appendix 6: Blank Templates Continued

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Colorectal  
Client Reminder Template

Date:

Dear:

Colon cancer is the second leading cause of cancer-related deaths in the United States and men and women are equally at risk. The good news is that colon cancer can be prevented or detected early which can prevent death from colon cancer if screening is done on a regular scheduled basis.

Our records indicate that it is time for your annual physical and that you are due for your colorectal cancer screening. Please call your primary care physician at XXX-XXX-XXXX so that we can schedule an appointment at your earliest convenience.

Sincerely  
*Provider Signature*