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

**Appointment Scheduling and Close Out Form**

<table>
<thead>
<tr>
<th>Date</th>
<th>Reminder</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Patient showed</td>
<td></td>
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<tr>
<td></td>
<td>Patient non-compliant (DNKA’s)</td>
<td></td>
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<tr>
<td></td>
<td>Deceased</td>
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<tr>
<td></td>
<td>Unable to locate (i.e.: moved, no longer at address provided)</td>
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<tr>
<td></td>
<td>Patient will call program when ready to be scheduled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient chooses to withdraw from program: reason (i.e.: getting services elsewhere, not interested, etc.)</td>
<td></td>
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</tbody>
</table>

**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:**
### Diagnostic Procedures

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Procedure Performed</td>
<td>1 - Within Normal Limits</td>
</tr>
<tr>
<td>2 - Procedure Pending</td>
<td>2 - Abnormal</td>
</tr>
<tr>
<td>3 - Procedure Refused</td>
<td>3 - Indeterminate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date of Apt</th>
<th>Status</th>
<th>Date Performed</th>
<th>Provider</th>
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</thead>
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</tbody>
</table>

### Diagnostic Disposition

**Disposition of Diagnostic Procedure(s):**
- [ ] Work Up Complete
- [ ] Work Up Pending
- [ ] Lost to Follow Up
- [ ] Diagnostic Work Up Refused

**Reason:**

**Date of Diagnostic Disposition:**

<table>
<thead>
<tr>
<th>Final Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Cancer, Invasive</td>
</tr>
<tr>
<td>[ ] Breast Cancer Not Diagnosed</td>
</tr>
<tr>
<td>[ ] Lobular Carcinoma In Situ (LCIS)</td>
</tr>
<tr>
<td>[ ] Ductal Carcinoma In Situ (DCIS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage at Diagnosis</th>
<th>Tumor Size</th>
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</thead>
<tbody>
<tr>
<td>AJCC Stage I</td>
<td>0 cm &lt; 1 cm</td>
</tr>
<tr>
<td>AJCC Stage II</td>
<td>1 cm &lt; 2 cm</td>
</tr>
<tr>
<td>AJCC Stage III</td>
<td>5 cm &lt; 5 cm</td>
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<tr>
<td>AJCC Stage IV</td>
<td>5 cm</td>
</tr>
<tr>
<td>Summary Local</td>
<td>Unknown</td>
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<tr>
<td>Summary Distant</td>
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</tr>
<tr>
<td>Unknown</td>
<td></td>
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</table>

**Date of Client’s Next Breast Screening:**

**Clinician’s Signature:**

### 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:**

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<td>[ ] Facility Where Treatment Was Initiated</td>
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<td>Facility:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
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<tr>
<td>Zip Code:</td>
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**Date of Client’s Next Breast Screening:**

**Breast Cycle Disposition:**
- [ ] Complete
- [ ] Incomplete
### H.O.P.I. WOMEN’S HEALTH PROGRAM

**Cervical Diagnostic & Treatment Form (Case Management)**

#### Patient Information

<table>
<thead>
<tr>
<th>Last Name: __________________</th>
<th>First Name: __________________</th>
<th>M.I.: __________________</th>
<th>Social Security #: __________</th>
<th>Birth Date: __________</th>
</tr>
</thead>
</table>

#### 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

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</tbody>
</table>

#### 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)

#### 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: __________________
1. My last mammogram was:
   o Less than 1 year ago
   o 1-2 years ago
   o More than 2 years ago
   o Never

2. If I had a mammogram, I got it at:
   o At the Tribal clinic or casino
   o Outside the tribe

3. If I got my mammogram at the tribal clinic, I was
   o Very satisfied with the service I received
   o Somewhat satisfied
   o Neither satisfied or unsatisfied
   o Somewhat unsatisfied
   o Very unsatisfied

4. If I got my mammogram at another provider, it was because:
   o It was more convenient
   o I didn’t know I could get it at the tribal clinic
   o I didn’t want to get it at the tribal clinic because ________________________________
   o I saw my regular health provider

5. If I never had a mammogram, it was because:
   o I am not old enough
   o Lack of childcare
   o Lack of transportation
   o No health insurance/to expensive
   o Afraid of finding a problem
   o Bad experience in the past
   o It goes against my faith/culture
   o Too embarrassing or painful

6. My last Pap test was:
   o Less than a year ago
   o 1-2 years ago
   o More than 2 years ago
   o Never

7. If I had a Pap test, I got it:
   o At the tribal clinic
   o Outside of the tribe
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:
   o Very satisfied with the service I received
   o Somewhat satisfied
   o Neither satisfied or unsatisfied
   o Somewhat unsatisfied
   o Very unsatisfied

9. If I got my Pap test at another provider, it was because:
   o It was more convenient
   o I didn’t know I could get it at the tribal clinic
   o I saw my regular health provider
   o I didn’t want to go to the tribal clinic because ________________

10. If I never had a Pap test it was because:
    o Lack of childcare
    o Lack of transportation
    o No health insurance/to expensive
    o Bad experience in the past with doctor/hospital
    o Afraid of finding a problem
    o To embarrassing or painful
    o 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
    o Yes
    o No

13. If I checked yes, the health information I learned was helpful to my family or me
    o Yes
    o No

14. If I checked no, I didn’t attend because:
    o Lack of child care
    o Lack of transportation
    o I didn’t hear about the event
    o It was an inconvenient place/time
    o 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:
    o Yes
    o No

17. Topics that would be important to me are: ____________________________
    ____________________________________________________________________________

18. How could the Native Women’s Wellness Program (NWWP) improve?
    ____________________________________________________________________________
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!!!
Southcentral Foundation
Dr. Verlyn Corbett, MD
Anchorage Native Primary Care Center 3 East
4320 Diplomacy Drive, Suite 3191
Anchorage, Alaska 99508

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.

☐ Pap Smear
☐ Clinical Breast Exam/ Mammogram
☐ Appointment with Provider
  30 minutes
☐ Medication Consult
  Please bring your pill bottles into the appt.

☐ Blood work/ Labs in Support Clinic
  ☐ Fasting
  ☐ Non-fasting
  ☐ Blood Pressure Check

☐ Immunizations update
  ☐ Influenza (flu shot)
  ☐ Pneumonia vaccine
  ☐ Tetanus/diphtheria
  ☐ Other __________________________

Sincerely,

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

You have an appointment with

KAW WOMEN’S HEALTH PROGRAM

Site: ____________________________________________
Address: __________________________________________
Phone: ____________________________________________
__________________________ at _____ am/pm

If unable to make appointment, please call Kaw Women’s Health (580) 362-1039 or phone listed above.
Dear Patient,
Here’s a friendly reminder that it’s time for your yearly colorectal cancer screening. Please call our office to schedule an appointment to pick up a screening kit.

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.

Carry on the Tradition of Life…

Colorectal Cancer is:
• Preventable
• Treatable
• Beatable
Indigenous Pink

Breast Health

1 in 8 women will get breast cancer in their lifetime

Increased Risks

- **GENETICS**
  Inherited DNA changes in genes

- **GENDER**
  Being female

- **FAMILY HISTORY**
  Mother, sister, daughter has had breast cancer

- **BREAST DENSITY**
  High density breasts

- **AGE**
  Getting older

Contact your health care provider if you have one or more of these risks

Breast cancer usually has no symptoms when the tumor is small and most treatable.

Screening Guidelines/Recommendations

- **Age 40-44**
  Option to begin annual screening

- **Age 45-54**
  Annual screening

- **Age 55+**
  Screening every 2yrs

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

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

**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

**GET SCREENED**
Cervical cancer is highly curable when detected and treated early.
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.
NATIVE WOMEN’S WELLNESS PROGRAM

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.

South Puget Intertribal Planning Agency
3104 SE Old Olympic Hwy
Shelton, WA 98584
360.426.3990
800.924.3984
spipa.org
HEALTH TIPS

Breast Cancer Prevention

**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**

- If you are 50 to 74 years old, get a screening mammogram every two years.
- Don’t drink alcohol, or limit it to one drink a day. Don’t smoke.

- 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 for more information
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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Each polyp begins as a growth of noncancerous cells. Remove polyps before cancer starts.</td>
</tr>
<tr>
<td>1</td>
<td>Cancer has formed in the polyp inside colon or rectum. If found early, 9 out of 10 survive.</td>
</tr>
<tr>
<td>2</td>
<td>Cancer has spread to surrounding tissues. If found, 7 out of 10 survive.</td>
</tr>
<tr>
<td>3</td>
<td>Cancer has spread to other organs. If found later, 1 out of 10 survive.</td>
</tr>
</tbody>
</table>

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 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.
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.
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

<table>
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