

**ENHANCING
PREVENTION
PATHWAYS
TOWARDS TRIBAL
COLORECTAL
HEALTH**

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GOAL AND OBJECTIVE

Goal: Promote health equity and reduce CRC disparities in morbidity, mortality, stage-at-diagnosis, and survival among Native Americans

Objective: To test the efficacy of serially implemented graded intensity interventions to enhance CRC screening with FIT in tribal communities

SERIAL IMPLEMENTATION: offering routine FIT screening annually, irrespective of response to an earlier invitation, in concordance with guidelines (from ages 50-75)



COLORECTAL CANCER

AMONG AMERICAN INDIANS
IN NEW MEXICO

HEALTH DISPARITY

- Colorectal cancer incidence and mortality rates have declined substantially over time, especially among Non-Hispanic Whites and Hispanics
- Native Americans ...
 - Either no or slight change in colorectal cancer morbidity and mortality rates
 - Less screening
 - More advanced disease and lower survival rates

COLORECTAL CANCER IN NEW MEXICO – INCIDENCE

RACE/ ETHNICITY	RATE	MALE	FEMALE
American Indian/ Alaska Native	39.4	52.0	30.1
Non-Hispanic White	31.8	35.5	28.5
All Races Combined	32.5	37.0	28.6

- Rate per 100,000 persons 2012-2014
- Source = NM Tumor Registry, NM IBIS

COLORECTAL CANCER IN NEW MEXICO – MORTALITY

RACE/ ETHNICITY	RATE	MALE	FEMALE
American Indian/ Alaska Native	16.9	22.3	12.9
Non-Hispanic White	12.5	14.8	10.6
All Races Combined	13.8	16.6	11.4

- Rate per 100,000 persons 2012-2014
- Source = NM Tumor Registry, NM IBIS

COLORECTAL CANCER IN NEW MEXICO – SCREENING

RACE/ ETHNICITY	ALL	MALE	FEMALE
American Indian/ Alaska Native	45.3%	38.1%	49.9%
Non-Hispanic White	65.1%	66.7%	63.7%
All Races Combined	61.1%	60.0%	62.0%

- % up-to-date with CRC screening
- Source = NM BRFSS 2012-2014

COLORECTAL CANCER IS PREVENTABLE, BUT . . .



ONLY 3 IN 10

American Indian men and women in the Indian Health Service Albuquerque Area are up-to-date with colorectal cancer screening.

Source: Indian Health Service GPRA Area Summary Report 2010

62%

of Native Americans in New Mexico are diagnosed at regional or distant stages of colorectal cancer

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STUDY DESIGN

ENHANCING PREVENTION
PATHWAYS TOWARDS TRIBAL
COLORECTAL HEALTH

SPECIFIC AIM #1

Aim: Finalize and evaluate (using a three-arm randomized controlled trial design and mixed methods) the efficacy of serially implemented interventions of graded intensity for increasing annual CRC screening uptake

Primary Hypothesis:

- Participants receiving the high intensity intervention will have a 20 percentage point increase in screening uptake than those receiving usual care
- Participants receiving the medium intensity intervention will have a 10 percentage point increase in screening uptake than those receiving usual care

SPECIFIC AIM #2

Aim: Determine (using qualitative methods) promoters and barriers to enhancing annual CRC screening practices from the perspective of:

- Participants who were “largely adherent” (completed FIT 2 or 3 of 3 times) and those who were “not adherent” (never completed or completed FIT only 1 of 3 times)
- Navigators
- Health care providers and medical directors at IHS health facilities

SPECIFIC AIM #3

Aim: Conduct process evaluation (using mixed-methods) to:

- Determine the costs of completing CRC screening
- Determine fidelity of study implementation
- Develop program sustainability and scalability plans

Primary Hypothesis:

Cost analysis will indicate that the high followed by the medium intensity interventions are more cost-effective strategies to enhance CRC screening uptake than usual care

Group 1

Usual Care



two communities

Group 2

Mail Only



two communities

Group 3

Mail + CHW



two communities

OUTCOME MEASURES

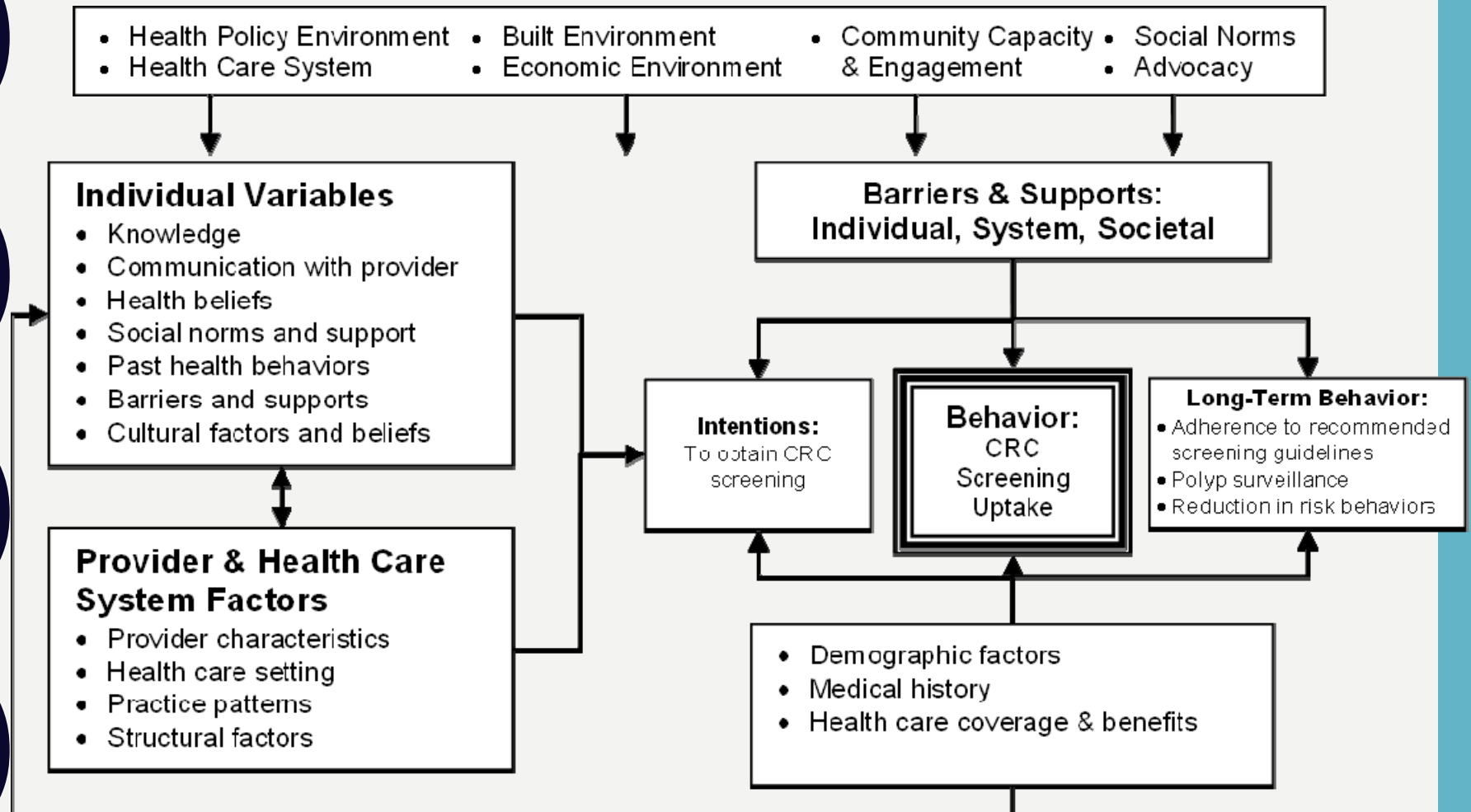
PRIMARY: Annual completion of FIT

SECONDARY: Changes in participant CRC-related ...

- Knowledge
- Attitudes
- Perceived Control
- Perceived Susceptibility
- Perceived Severity
- Self-Efficacy

THEORETICAL FRAMEWORK

Figure 1: Health Behavior Framework



PROGRESS TO DATE

- Hired Project Coordinators:
 - Matthew Frank at AASTEC
 - Dolores Guest at UNM
- Protocol approved by Southwest Tribal IRB and UNM Human Research Review Board.
- Applied for and received a Certificate of Confidentiality
- Protocol on [ClinicalTrials.gov](https://clinicaltrials.gov)
- Established Community Advisory Council

PROGRESS TO DATE



INTERVENTION FINALIZATION

- Completed focus groups
- Revised educational materials accordingly
- SAM-CAM (Suitability Assessment of Materials and Comprehensibility of Materials)
 - Score = 90.3 (Superior)
- Developed, pilot tested, and finalized pre-post survey instrument

CONTACTS

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Colorectal Health

Protect Yourself, Your Family, and Our Community