

Native People's

wellness

COLORECTAL CANCER PREVENTION, DETECTION AND CARE

PHIL MARTIN SENIOR

WALKING THE PATH FOR COLON HEALTH

TRIBAL PROGRAMS

EDUCATION FOR NATIVE PEOPLE BY NATIVE PEOPLE

DIABETES AND COLON CANCER

MAKE A CROCHET TURTLE IN MINUTES



Rose is a colon cancer survivor.

“ I learned that in the early stages of colon cancer, there are no warning signs. Don’t wait for symptoms. See the doctor and get a test. ”

Rose Marie Manakaja
— Havasupai

Rose Manakaja lives in Supai, Arizona, near the bottom of the Grand Canyon. In 2002, her stomach began knotting up, and she remembers bleeding with her bowel movements. Things were bad, she says, until finally, a doctor visiting the Tribe sent her to Flagstaff for a test. It was colon cancer.

“They told me that if I had waited longer, it would have spread.”

Now Rose believes that all Native people need to know about colon cancer screening. “I say, go into the nitty gritty, don’t mix words, don’t just frost the cake.”

She believes Native People are tough enough for the facts. “When I was getting chemotherapy away from home, I told myself that I was going to stick to it, even when things got tough. So I did, and I went home. The rocks in the canyon, they called to me.”

Get screened!

- ❖ Screening can save your life by preventing cancer or detecting it early.
- ❖ Get screened—don’t wait for pain or physical symptoms.
- ❖ Talk to your doctor about your personal and family history to determine when to begin screening and how often.
- ❖ Learn where to find a screening program near you, starting on page 18.

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COLORECTAL CANCER PREVENTION, DETECTION AND CARE

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Disclaimer

This publication should not substitute for professional advice by a health care professional. Readers should always consult a physician or other health care professional for medical screening, treatment and advice. Please note that the phrase, "see your doctor," refers also to tribal clinic professionals such as a Physician's Assistant, a Nurse Practitioner and/or Nurse Midwife.



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The Native American Cancer Research Corporation (NACR), is a national non-profit organization "... dedicated to helping improve the lives of Native American cancer patients and survivors. We seek to reduce Native American cancer incidence and mortality, and to increase survival from cancer among Native Americans."

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September 2010



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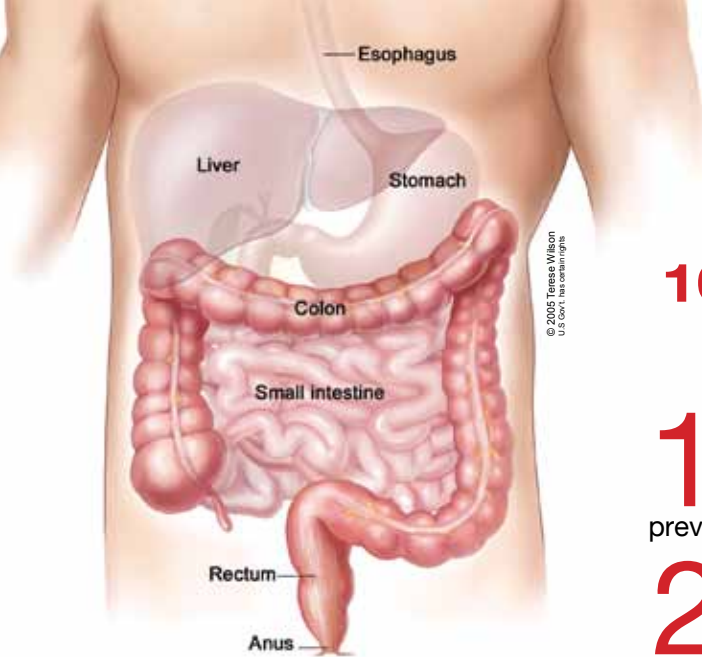
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On the cover:

Colon cancer survivor of fifteen years, Phil Martin Sr., (Quinault) from Taholah, Washington



Excuse me. You want me to do **WHAT???** **WHY?**

10 Reasons to get **Colorectal Cancer (CRC) Screening**

1 **If caught early, CRC is treatable and beatable!** Colon and rectum screening can identify pre-cancerous changes. It is a preventive test!

2 **You are fifty or older.** You are at “normal risk” for colon cancer. Over 90% of people who have colorectal cancer are older than 50. Both men and women can get it.

3 **You have a family history or a hereditary type of CRC in your family.** You may be considered “high risk”. Your doctor may want you to begin screening when you are young (in your 20s).

4 **You have a personal history of polyps or other problems.** You may be at higher risk. Most polyps are not cancer. You can have polyps removed during some screening tests. When polyps are removed, they cannot develop into cancer. Your risk is greater if you have a lot of polyps or if your polyps are large. Your doctor will tell you when you should have your next screening.

Words and Phrases Used in this Booklet

Ideally, you have a **screening test** or exam before your body shows signs (symptoms) of ill health.

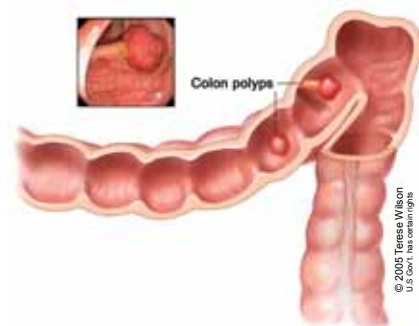
Your doctor may prescribe a **diagnostic test** or exam if you have symptoms. These may be changes in bowel habits, constipation and/or diarrhea, a pain in your belly, weight loss (without trying), weakness, fatigue or bleeding with bowel movements.

A **polyp (“pa-lip”)** is a growth in the lining of the colon or rectum. Most polyps are not cancer, but may become cancer over time.

Colon Cancer Screening Programs encourage you to having screenings before you have symptoms. They can help you find screening services. If you are eligible, they can help you find low or no cost tests.

Colorectal cancer (CRC) describes cancer in the colon (“Coal-On”) or in the rectum (wreck-dum).

Risk factors refer to something that increases the likelihood you could get CRC. It does not mean you will get CRC. “High Risk” means you have certain factors (like a hereditary type of CRC in your family) and need to take part in screening more often than someone who is at “normal risk” for CRC.



Most polyps are not cancer. But many can grow and become cancer. This is why it is important for the doctor to remove them. They can do this during a colonoscopy (see page 5). The doctor will look at the polyp after it is removed under a microscope to see if it is cancer.

1) *John Hopkins Colon Cancer Center: www.hopkinscoloncancercenter.org/CMS/CMS_Page.aspx?SS=&CurrentUDV=59&CMS_Page_ID=8D511D70-71F4-45AC-B10F-7262AADBCEA*

See page 4-5 for the types of screening your doctor may prescribe.

5 You have parents, brothers, sisters or children who have CRC, or other types of cancer. These are hereditary risks. Talk with your doctor about when you should have your screening.

6 You are Alaska Native or Northern or Southern Plains American Indian. “Incidence” rates are the number of new CRC diagnoses each year for every 100,000 people living in the area. These rates for Alaska Natives and Northern Plains are much higher in comparison to Non-Hispanic Whites that live in the same regions. These rates are also elevated among Southern Plains American Indians. Alaska Natives have twice the incidence of CRC as US Whites.

7 Colon cancer is the second most common type of cancer death behind lung cancer for both males and females who are Alaska Native, Northern and Southern Plains American Indians.¹ However there is a hereditary type of CRC within some southwestern tribal clans and Nations. Everyone needs to take part in screening.

8 There are no signs for CRC in its early stages. So even if you feel good, don’t wait until you have symptoms, like bleeding or cramping, to get colon screening.

9 People in your life want you around for a long time. Your family depends on you. They care about you. They want you to watch your grandchildren grow up. Get a screening and reassure them that you care about yourself too.

10 Model good behavior for your family. Getting a screening test sets an example for the grandchildren to take care of themselves when they get older too.



Photo by Maisie MacKinnon © 2010

Billie Higheagle, with her mother Yvonne Peterson (Chehalis).

* * * * *

The “Shield” of protection² against colon cancer may include daily physical activity, a healthy, low fat diet and limited or no alcohol drinking. The bigger the holes and the larger number of holes in the shield, the less likely it is to protect you from cancer or other health problems.

Cancer risks that “damage” the shield of protection include:

1. Personal history of polyps in colon
2. Growing older
3. Personal history of colon cancer
4. Personal history of another type of cancer
5. Hereditary risk
6. Family history
7. Sedentary lifestyle
8. Habitual tobacco use
9. Diabetes
10. Diet (low fiber / high fat / high calorie)
11. Over recommended body weight by 15-20 pounds
12. Drinking alcohol in excess.
13. For post-menopausal women taking hormonal replacement therapy (HRT) but this may increase the risk of breast cancer.



The Shield of Risks



The Shield of Health

(1) *Haverkamp D, Espey D, Paisano R, Cobb N. Cancer Mortality Among American Indians and Alaska Natives: Regional Differences, 1999-2003. Indian Health Service, Rockville, MD, February 2008, p. 41. (2) Native American Cancer Research, <http://natamcancer.org/col-riskfactors-men1.html>,

Ready for a Test?

There are 3 main types of CRC screening tests:

- 1) **Stool Test**
- 2) **Flexible Sigmoidoscopy**
- 3) **Colonoscopy**

Each kind of screening test provides different information about your colon. Your doctor will talk with you about the best type of screening for you.

Stool Test

There are 3 commonly used stool tests. All are done by you in the privacy of your bathroom at home.

The Fecal Occult (“FEE-kul o-KULT”) Blood Test, (FOBT) uses the chemical, guaiac (“gwi-yak”), to find blood in the stool. You use a stick to scrape a small sample from the stools from 3 consecutive bowel movements. You wipe the stick on special cards. Then you mail or return the sealed card to a doctor or laboratory for testing.

Immunochemical Fecal Occult Blood Test (iFOBT) is a test to check for blood in the stool. A brush is used to collect water drops from around the surface of a stool while it is still in the toilet bowl. The samples are then sent to a lab, where they are checked for a human blood protein.

The Fecal Immunochemical Tests [fee-kuhl im-you-no-KIM-uh-kuhl test] is a newer test to look for “hidden” blood in the stool. It uses antibodies to find blood in the stool. Some doctors prefer the FIT to the FOBT and iFOBT.

Blood in the stool may be a sign of polyps in the colon. This does not mean you have CRC. But the doctor will need to remove the polyps and check them for cancer. You can also have blood in the stool if you have a H. pylori bacteria infection.

At What Age Should CRC Screening Begin?

- If you are at normal risk, by age 50
- If you have a family history or a hereditary form of CRC in your family, then you may begin CRC screening as early as your teenage years or in your
- If you have a personal history of polyps, your doctor will tell you when you should return for your next screening test.

Screening Tests and Helicobacter Pylori (H. pylori) Bacteria Infections

Most Alaska Natives and many Northern Plains American Indians have H. pylori bacteria infections. Actually, about 2/3 of the world's population are infected with these bacteria. These bacteria may be spread by eating or drinking contaminated food and water or poorly preserved (unrefrigerated, poorly, incompletely smoked or salted) foods. The bacteria is found in saliva and dental plaque also.

Most people who have H. pylori do not become sick or develop problems from it. The bacteria can cause stomach ulcers and inflammation and are the most common risk for stomach cancer. They also increase the risks for lymphoma and possibly pancreatic cancer. If you have H. pylori, your doctor may give you and your family antibiotics to cure it. Some doctors do not believe the antibiotics do a good job curing H. pylori. These bacteria are very infectious which is why everyone you are close to (like friends, sexual partners, and family) need to go through treatment at the same time. If not, you can keep re-infecting each other.

If you have H. pylori, because of the ulcers and inflammation in the wall of the stomach, you are likely to have blood in your stool. The FOBT, iFOBT and FIT only look for blood proteins. So these tests may come up positive for blood in the stool. The result may not be from CRC or polyps. This is why people who have H. pylori bacteria are recommended to have other CRC tests rather than the FOBT, iFOBT and FIT, like Flexible Sigmoidoscopy and Colonoscopy

Flexible Sigmoidoscopy

(SIG-moid-OSS-ko-pee)

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and the sigmoid colon (the lower third of the colon). The provider will be able to see the colon on a small television screen.

Flexible sigmoidoscopy enables the doctor to see only the lower third of the colon. It requires less time and preparation to do than a colonoscopy.



Linda Donovan shows how small the clipper is in her hands. It is used to take tissue samples of polyps.



The flexible sigmoidoscopy tube has a light and a camera so that the technicians can see inside the colon.



Colonoscopy (KO-lun-OSS-ko-pee)

A long thin, tube-like instrument with a light and a lens for viewing called a scope is inserted into the rectum. The scope can check for polyps or cancer inside the rectum and all of the doctor finds polyps, they can be removed (clipped, burned with laser, lassoed and taken out). Other tissue can also be removed for a doctor to check it under a microscope for signs of disease.

Preparation Before CRC Cancer Screening Tests:

You need to tell the doctor if you have any medical conditions, including allergies and diabetes. Give your doctor a list of all the medicines you are taking. This includes over-the-counter drugs and vitamins. Your doctor may ask you to stop taking some or all of your medications for 1-2 days before your tests. The doctor may ask that you don't take aspirin, Vitamin C or iron. If you are nervous, your doctor can give you a mild sedative pill. Usually you take the pill about 20 minutes before the test. The doctor also asks you to change your diet for 1-2 days: for example eating no meat, radishes, red peppers or food with red or blue dye.

More Preparations Before the Flexible Sigmoidoscopy and Colonoscopy

In addition to all of the above, you will also need to take laxatives to clean out the bowel. On the night before or early on the morning you are having your tests, you will need to take 1-2 enemas to make certain the bowel is empty and clean. On the day before the test, the doctor may ask you to only drink liquids. The doctor also will give you a special solution for you to drink. Because of all of these bowel-cleansing techniques, you will need to stay near the bathroom.

During the Sigmoidoscopy and Colonoscopy.

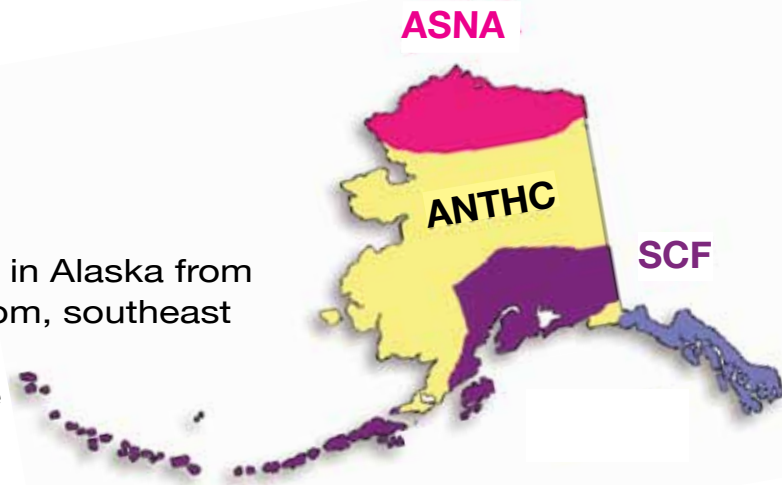
During the Sigmoidoscopy, you will be awake or a little drowsy (if the doctor gave you the sedative pill). During the Colonoscopy, you will be asleep. A lubricated tube or scope will be inserted into your anus. You will have your upper body covered with a drape (waist up). There may be feelings of pressure, bloating or cramping during the procedure. The doctor may wake you to ask you questions and then you may doze off again.

After the CRC Tests are Over

Take time to rest. The test is tiring. Drink about 8 to 10 glasses of water. You should ask someone to drive you home. You will have some bloating and pass some gas. You may have some minor spotting and bleeding for the next few days. If you bleed more than ¼ cup of blood, call your doctor immediately.

The Alaska Colorectal Cancer Programs

A united front against colon cancer exists in Alaska from the top of the state in Barrow, to the bottom, southeast portion and in Sitka. The Centers for Disease Control and Prevention funds the Alaska Native Tribal Health Consortium's (ANTHC) Colorectal Cancer Program, Southcentral Foundation, and the Arctic Slope Native Association Screening for Life Program. Together their overall health care alliance serves almost 136,000 Alaska Natives for 228 Tribes over 572,000 square miles—with few roads in between.¹



Southcentral Foundation (SCF)

Southcentral Foundation (SCF) is an Alaska Native-owned, non-profit health care system that serves the south central and western islands of Alaska (in dark purple on the map.) It is owned, managed, and directed by members who are called the “customers” or “owners.” SCF uses advisory councils, surveys, focus groups, a toll-free hotline, and other means to learn what is working and what can be improved.



Photo courtesy ANTHC

Staff from all three CRC programs attended a two day workshop on patient navigation, which was co-sponsored by ANTHC and SCF. After the workshop was over, ANTHC held a one day program orientation for the regional staff participating in the ANTHC program.

One thing that is getting good “reviews” by SCF customers is their Medical Services Screening and Prevention’s Colorectal Screening Program. A big reason for program success is the services that customers receive. SCF colorectal screening offers flexible sigmoidoscopy for people who do not have a history of colon cancer in their family and do not have symptoms. A whole team of people, including data manager Sam Lincoln and others, work behind-the-scenes before and after the procedure ensuring patients receive high quality care.

“It starts with a phone call or letter,” Carla Woolkoff says. Carla, like her work partner, Linda Donovan, are Certified Medical Assistants, (CMAs). They help to reach “customers,” and assist them through the whole process. “We are often the first ones to talk with people on the phone,” she says.

Linda and Carla described their screening process for flexible sigmoidoscopy in following mini-tour:

“We meet our customers here, in the waiting room of the SCF Primary Care building, and then we walk back with them to the

1) www.ihs.gov/FacilitiesServices/areaOffices/alaska/

Certified Medical

Assistants

procedure room,” Linda says. “We ask them to sit down, fully clothed. At that point, Lulu or Paul will come and explain the flexible sigmoidoscopy.” Later, either Lulu Tweggs, RN, or Paul Ferland, RN, will perform the procedure.

“Lulu or Paul will verify again whether the patient has a family history of colon cancer or not. Sometimes it’s just then that the patient remembers a relative had it.” If they have, they are referred to the Alaska Native Tribal Health Consortium program and the Alaska Native Medical Center (ANMC) hospital for a colonoscopy.

“If they’ve never had it in the family, we go forward,”

Linda says. “Then we ask them to step into the bathroom and put on a gown.


They are not exposed, they are covered. Carla and I talk with them to make sure they drank all their laxative and took their tablets beforehand. Sometimes they still have sludge in the colon and that’s OK, we just flush it with water before the procedure. Then we begin.”

Linda says that while Lulu or Paul is advancing the tube, Carla and her do things like flush it with a syringe, or help move the patient for better visibility. “We are full game on,” Carla smiles, “with mask, gloves, everything. Part of our job is to also keep an eye on the screen to see if there are polyps, too. If there are none, we can see it right there.”

When the process is done, Carla or Linda helps to withdraw the tube, and then puts any tissue samples in a lab case, and labels it.

The whole thing takes only about 15 minutes. Lab results are usually back in a matter of days.

“Everything we use is portable. That’s because we have to fly to the villages with clinic sites. The monitor, the vacuum, the tube, everything; it’s especially sturdy.”

Colorectal cancer is the second leading cause of cancer death in the state. So the trips to the villages are especially important. Lulu says, “I just try to stress that there could be a lot of things going on inside that you don’t know about. This is a screening. This is to check things out *before* you feel like you’ve got problems. It can and does, save people’s lives.” 

There’s always the fear of, “I don’t really want to know if I have cancer.” But that’s like putting your head in the sand. It will only get bigger and harder to treat. The sooner you know, the better the chances are that we can help it go away.

—Lulu Tweggs, RN



SCF has Certified Medical Assistants, like Linda Donovan, and Carla Woolkoff (not shown) who take patient assistance a step further by also helping in the procedure room where the flexible sigmoidoscopy happens. Their certifications as CMAAs allow for that.



Lulu Tweggs, RN (below) has been doing gastrointestinal nursing for over 30 years. Paul Ferland, RN, also performs the procedures.

“Now there’s a gorgeous colon,” Lulu says. “See the blood vessels? This woman, about 50 years old, has really taken care of herself.”





ANTHC Colorectal Cancer Control Program

Through the Alaska Native Epidemiology Center



At a fund-raising auction, Tina Ketah, left, bid on Garvin Federenko, Director of Finance and Administration. For the hour, she asked him to dress as “Polyp Man” and hand out pamphlets on colorectal cancer screening. Claudia Christiansen, Nurse Practitioner/ Nurse Endoscopist, who worked at ANMC at the time of this photo, is to the right. (Photo courtesy ANTHC.)

The Alaska Native Tribal Health Consortium’s (ANTHC) Colorectal Cancer Program’s mission is to increase colon cancer screening at the regional level. If a patient wants to get a colonoscopy then they often go to the Alaska Native Medical Center (ANMC) hospital for the procedure. ANTHC and Southcentral Foundation jointly own and manage ANMC in Anchorage, where all Alaska Native and American Indian people living in the state are eligible for hospital care. At ANMC we meet Tina Ketah (Tlingit), Lead Patient Navigator for the ANTHC Colorectal Program.

“A Patient Navigator is someone who helps a patient understand what a colonoscopy is, and who answers any questions they have.” Tina continues, “I spend as much time with them as they need to make them feel comfortable.”

Another part of Tina’s job is to keep track of a database of *first degree relatives*. When someone is diagnosed with colon cancer, Tina asks them to write down the name of their children, brothers, sisters, and their parents—first degree relatives—so she can contact them about getting a colorectal screening, too. That’s because first degree relatives have a higher risk of getting colon cancer themselves.

As it turns out, Tina has a first degree relative. Her own mother had colon cancer—at 31 years of age—but that she had kept it a secret for years. “When I found out, accidentally, I was shocked.” Tina is glad she found out though, because soon afterward she went and got her own colon screening. She learned that her health is good.

Tina says that it is fortunate that the program has a surgeon like Dr. Martin Tevia, to perform the colonoscopy.

It’s easy to see that Tina loves her job for many reasons. Her real motivation is deeply caring for people. “I’ve held hands all the way to the procedure room,” she says, “for those who needed that extra support.”



The Tribal Comprehensive Cancer Control Program is purchasing a ‘Super Colon’ model for all of the programs to use. This is an example of how we depend on each other to leverage resources.

— Diana Redwood
ANTHC CRCCP
Program Manager

Patient Navigators



Tina Ketah is the Lead Patient Navigator for the ANTHC Colorectal Cancer Control Program. “Sometimes people ask me if I’ve been through the screening. When I tell them yes, that makes them feel better because I’m not just talking. I’ve got experience.”

The Readers' Theater

Educating clients about colorectal cancer by using theater scripts about real life by Community Health Aide Practitioners (CHAP).

At curtain rise: Rita is writing in her journal.

Tina Ketah, ANTHC Colorectal Program Lead Patient Navigator, is playing the role of Rita, while reading the script in front of her.

Rita: August 11th. My Mom gave me this journal as a graduation present from high school. I guess it's time to start writing in it. Tomorrow I catch the flight into Anchorage where I'm about to study nursing at UAA....

Sam Lincoln (Yupik), soon follows, reading his part as Isaac, Rita's Dad, the guy everyone in the story is trying to get to agree to a colonoscopy. And so begins "What's the Big Deal?" a play written by P. Shane Mitchell. In all, eight staff members from ANTHC's and Southcentral's colorectal programs came together one June morning, to read the script written for colorectal cancer screening education.



(L to R) Sam Lincoln, Yupik, and Sharon McDonald enjoy reading their parts in the play. Sharon celebrated 13-years as a breast cancer survivor this year. She shares "I can understand where my character [in the play] had a fear of finding cancer."

Called the "Readers' Theater," the format is about bringing people together to read aloud a scripted conversation. In "What's the Big Deal?" the topic is about colon cancer screening, a subject that many find difficult to talk about in normal conversation. Readers don't have to memorize anything for the play. The information is shared easily, and without embarrassment. When it's over, real conversations about cancer often begin.

The play takes about thirty minutes to read, and like all good plays, has a surprise twist at the end. It can

be read anywhere, on the radio, at community events, and with or without costumes. Some groups have even used props.

"It's nice to have a script to follow," says Diana Redwood, ANTHC CRCCP manager. "We want to promote health among our people but often we get tongue tied, at least I do, when I try to talk to people. This has the message right in it. Afterward we can all talk more easily."

The group read about an Alaska Native family, but the play can be adapted to any Native community.

For more information about "What's the Big Deal?" or other Readers' Theater scripts, contact Melany Cueva, ANTHC CHAP, 907-729-2441.

The Healing Drum, was made by Anthony Gastelum. It is often included in cancer education, like the Readers' Theater, as a way to build community among diverse peoples.



The Healing Drum

Photo by Laura Revels, courtesy ANTHC, © 2010

The symbolism on the drum is the coming together of the clans from southeast, but they make a heart. When we gather to talk about cancer, it's a lot of heart work.

— Melany Cueva
ANTHC CHAP Services



Photo courtesy ANTHC, © 2010

Screening For Life Colorectal Screening Program

Through the Arctic Slope Native Association (ASNA)



Before the CDC-funded Colorectal Cancer Control Screening Program was awarded to ASNA in 2009, no screening (pre-symptom) tests were being done for colorectal cancer in Barrow, AK. The only time a colonoscopy was performed was when symptoms appeared. If a patient complained of rectal bleeding or weight loss, or long-lasting stomach aches, they were flown to Anchorage for testing, or they waited to be seen during “Specialty Clinic Days,” which happened 2 times a year at the Samuel Simmonds Memorial Hospital in Barrow.

Now patients can be seen at the same hospital, before symptoms appear. That way if any cancer is found, it can be treated early, when treatment is the most effective. The *ASNA Screening For Life* program holds screenings clinics 4 times a year now. Qinugan Teigland, and Pilar Salamat are Client Support Coordinators. It is their jobs to encourage anyone over 50, and those with family history of colon cancer, to come to Barrow and get screened.


“My experience with the colonoscopy was that it was not a big deal,” said a breast cancer survivor from Wainwright, Alaska. She went to one of the first screening clinics ASNA held. She continues, “I guess I fell asleep. When they were done, I woke up. Simple as that.”

When asked why she would go to all that trouble to get a colorectal cancer screening since Barrow can only be reached by Wainwright with a thirty-minute airplane ride, she replied, “I’ve had cancer once, I’m not going to wait too late to find out if I have another kind. I know it’s better to find out these things early.”

People feel comfortable talking to Melissa, our Physician’s Assistant. It is in a clinic setting so it’s private.

— Jozieta Slatton
Program Director

continued next page



Alaska is as large as the land between Minnesota and Florida. There are 178 villages that are not connected by roads to the rest of the state. Reaching Alaska Natives for colorectal screening is a challenge, especially in Barrow, the northernmost city on the North American continent. In Barrow’s surrounding 5 villages, the program relies on the word-of-mouth of friends, family, and Client Coordinators like Qinugan and Pilar.






Qinugan Teigland, with daughter Kailea, show off some of the new ASNA colorectal screening outreach materials: stuffed anatomy tunics. “The sign reads, *Ask Me ...where my colon is,*” says, Qinugan, “because often, we have to start there.” Qinugan travels to the villages whenever she can. She has relatives in the villages and she enjoys educating them about the importance of colorectal screening. (Photo courtesy ASNA.)

In fact, the breast cancer survivors and other women who are used to getting their yearly mammogram screening in Barrow are now talking to their men about getting screened for colorectal cancer, too. “The new program works very much with the Breast and Cervical Early Detection Program,” Jozieta Slatton says. Jozieta is the Program Director, and Data Manager for both programs. When women come in for their regularly scheduled mammograms, Melissa Barr is there to also ask about colorectal screening. Melissa is the Physician’s Assistant assigned to the colorectal program by the hospital.


“The subject is still touchy with people who are in their early fifties.” says Client Support Coordinator Qinugan Teigland, “By their late fifties, they are ready to look at their health. The good news is that the screening [colonoscopy] clinics are seeing 25 or more people each time. And there’s been just as many men participating as women.”

“We have a long way to go before we’ve screened 80 percent of our residents, our goal” says Jozieta, “But I’m confident we’ll get there. 

The Rollin’ Colon Campaign!

The Northern Plains Comprehensive Cancer Control Program (NPCCCP) recently purchased an inflatable, educational, walk-through colon model. Tinka Duran, Outreach Coordinator, rolled out the *Rollin’ Colon* at the Turtle Mountain Band of Chippewa Indians Health Fair in Belcourt, ND. It was a great success. Over 200 people went through the colon. Future plans are to take the *Rollin’ Colon* to all 18 tribes in the Northern Plains and beyond.

The NPCCCP is a program of the Great Plains Tribal Chairmen’s Health Board and is funded by the Centers for Disease Control and Prevention. NPCCCP is a collaborative process through which the community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce

the burden of cancer. These efforts will contribute to reducing cancer risk, detecting cancers earlier, improving treatments, and enhancing survivorship and quality of life for cancer patients. 



Tinka Duran (Rosebud Sioux), NPCCCP’s Outreach Coordinator, **unveils the Rollin’ Colon.**

Photo courtesy NPCCCP 2010

“I was completely cured of it.”

—Phil Martin Sr., Quinault



Still Leading the Way

Phil Martin, talks about his message of early detection—and his good life—since his colon cancer diagnosis over fifteen years ago.

Phil Martin's grandfather was among the tribal leaders who signed the treaty making the Quinault Nation a sovereign entity, so leadership comes naturally to him. He and his grandfather even share the same Indian name: Haynisisoos (*HanaShú*). Phil has a lifelong history of service to his community, which means that when he talks, people listen. He shares stories about everything from his culture, from witnessing early seal hunts to describing political battles for sovereignty over land and fish resources.


Today he has another message, *Get screened for colon cancer*. “I thank God for the Quinault clinic,” he told other Native men and women at a South Puget Intertribal Planning Agency [see p.13] Comprehensive Cancer Men's Health conference recently. “When I said I thought something was wrong, they didn't hesitate. They said I should have a test for colon cancer.”

That was fifteen years ago when Phil was 64, (he is 79 now). The first test was a stool test, (a Fecal Occult Blood Test or FOBT). It had results that led the doctor to believe Phil needed a follow-up colonoscopy. “That's when they found five polyps. They took out four of them but they couldn't take out the fifth one because it was too big. I had to go back later and then they got it out.” After it was all done, Phil just had to take antibiotics, “No chemotherapy or any of that other stuff, because I got it early enough.”

“Once it's over, you think it's over, but you got to have it checked out again when the doctor tells you to. It's like pulling the root of a weed. If there's one speck left, then the weed's going to grow back. In my case they told me to come back in five years.” Phil also had a recent check up, “and they said, ‘You are good, go home!’”

Phil is especially grateful he got checked early, because colon cancer is in his family. His older brother had polyps and he had to have part of his colon removed. “It got past the point for him where it got with me. So I saw what happened to him.”

“Now my son needs to go through the test. And I'm saying, ‘Do it now. Don't wait’”, says Bill.

Phil's willingness to speak wherever he is invited stems from a simple purpose: “If one person saves their life by my testimony, I'll be happy. I'm not greedy, but I want everyone to do it.” 

Native People's Wellness

From being a young, successful fishing guide and manager of Quinault's Tribal Salmon Enterprises, to become one of the first tribal professionals to receive a degree from Peninsula College, Phil Martin has always tried to better himself for his family and for his community. He started at the Quinault Nation Fish Hatchery in 1972 and became the manager in 1977. After eighteen years, he then became Manager for the Tribe's Land and Timber division. He also served as councilman numerous times and is recognized nationally for his service.

Photo by Maisie MacKinnon © 2010



South Puget Intertribal Planning Agency (SPIPA)

The SPIPA Colon Health Program includes seven tribes from southwest Washington state: The Skokomish, Nisqually, Chehalis, Squaxin Island, Cowlitz and Quinault Tribes

When Native people in Washington state find out they have colon cancer, it is often at a later stage of growth. South Puget Intertribal Planning Agency's (SPIPA) Colon Health Program (CHP) wants to change that. Colon cancer is one of the most treatable cancers, if found early, it can be beaten.

"The way we are reaching out to our tribal communities is to attend each of our tribal health fairs," says Program Coordinator, Bobbie Bush. The program hired a half time Patient Navigator for every tribe. The Patient Navigators attended a three day training provided by the Patient Navigator Training Program, University of Colorado, School Of Public Health to learn their roles and to do the best jobs they can, Bobbie says. Their important roles are to help their friends, families and neighbors become aware that colon cancer exists and what to do to prevent it. Then they encourage screening tests by talking about how early screening will increase the chances of treating it successfully. They are there to help answer questions, and assist patients right up to the colonoscopy procedure, if one is needed.

Patient Navigators have opportunities to educate the community and sign folks up for screenings at community barbecues, summer picnics, health walks, and more—at nearly 30 health-related events in the coming year at all seven tribes. "We have quarterly drawings for people who have filled out a card that says they've talked to a Patient Navigator about the program," Bobbie, says. It is a way of tracking how many people are being reached.

Our Patient Navigators live and reside on, or very close to the reservation where they work. They are all well trained, hard working women, and a man.

— Bobbie Bush, Chehalis Tribe
SPIPA CHP Coordinator



Photo by Jen Olson, courtesy SPIPA Colon Health Program; Photo of Shannon Peterson by Cecilia Kayano

Skokomish tribal members Jerry Arca Sr., left, and Harriete Gouley, Patient Navigator (and breast cancer survivor) for the SPIPA Colon Health Program at the Skokomish Tribe, hold up a poster with colon cancer survivor Shannon Peterson (Skokomish), at the Skokomish Health Fair.

The Cowlitz Colon Health Program set up a booth at the Cowlitz Tribal Health Walk, to help people become aware of the importance of colon health screening. Diana Daily (Cowlitz), seen here, also walked, even though her hip replacement surgery kept her at a slower pace. Diana has a relative recovering from colon cancer, and now knows that everyone over 50 years of age should have a colon cancer screening.



continued next page

SPIPA Continued

“Our first quarterly Patient Incentive Drawing winner was a grandma from Squaxin Island Tribe. She won an iPod.”

Many of the first community outreach events were huge successes. “We had an excellent turn out for the Father’s Day Event at Skokomish,” Bobbie says. “There were at least 100 people in the Senior Room. The Chehalis Tribe had a Women’s Intergenerational Health Fair, and three weeks later, a Men’s Health Fair.” The men’s event went until about 7 o’clock. Folks were asking questions about prostate, testicular, and colorectal cancer while making drums. It was a way to have fun while learning.

Next year’s plans call for more culturally sensitive education material, with a modern twist. Each Navigator will use an iPad to show a colon health video produced for SPIPA. Like an electronic flip chart, they will be able to show the video, or charts, or the human anatomy, just by touching an icon. “It will be very user friendly,” Bobbie says. Just the way a colon health program ought to be.



While not all of the cancer advocates from the seven tribes participating in the SPIPA Colon Health Program are cancer survivors, they are all recognized leaders who are willing to speak up for cancer screening and prevention in their communities. Shown here in this SPIPA outreach poster are, clockwise, starting with woman in white: Carolee Morris, Cowlitz; Marjorie Stepetin, Nisqually; Phil Martin, Quinault; Shannon Peterson, Skokomish (in the middle.); Lori Hoskins, Squaxin Island; Lee Shipman, Shoalwater Bay; Dan Gleason, Chehalis.

Photo courtesy SPIPA Colon Health Program

PHYSICAL ACTIVITY comes in many forms, and is key to good health. Best of all, you don’t have to join a gym or buy expensive shoes. Here are some everyday ideas to get moving:

- Walking the dog
- Housekeeping, like vacuuming or washing floors
- Gardening, digging, lifting, and hauling
- Playing with the kids
- Stretching between chores or after an hour of sitting
- Dancing to your favorite music in the house
- Riding a bike to the places you have to get to, like the store or a friend’s house

If you are too tired from working long hours or taking care of the kids, remember doing regular exercise can:

- Give you more energy
- Help you have a more positive attitude
- Improve sleep
- Help you handle stress better
- **Help you avoid diabetes and colon cancer**

When you start training muscles, using resistance with exercises, as Donna Wood (Squaxin Island) does here, will reduce your chance of injury. Your muscles will also use more fat as fuel.



The Link Between Diabetes and Colon Cancer

By Cindy Beck, ND and Patient Navigator for the SPIPA Colon Health Program

If you have diabetes, you have approximately 30% higher risk of developing colorectal cancer.¹ Health professionals are starting to understand why.

Sitting behind a desk, in the car, or on the couch most of the time is hard on our bodies. We were not made to stay in one spot for a long time. We are meant to move, stretch, run and climb—use our bodies—just as our ancestors did. Our bodies start to slow down when we sit too long, causing problems.

Diabetes and Colon Cancer

One of the many things that exercise does is move blood to working muscles. This is good for diabetes because muscles use the sugar in the blood (glucose) for energy during exercise. And later, even when resting, muscles are able to absorb sugar better. Exercising keeps blood sugar levels low and safe throughout the day. Keeping blood sugar levels in a normal range helps to prevent diabetes from developing or progressing.

This makes sense for lowering the risk of diabetes, but how does exercise help prevent colon cancer?

Health professionals call the link between exercise, diabetes and colon cancer *Syndrome X*, or *Metabolic Syndrome*. Syndrome X's primary features are abdominal obesity (belly fat), high blood pressure, and high blood sugar levels. Studies show that there is a link between high blood sugar levels and obesity. As it turns

out, the factors for developing diabetes are the same factors for developing colon cancer (too much belly fat, high blood pressure, and high blood sugar levels).²


Exercise helps to burn calories. When you use fuel (glucose) to keep muscles active, you keep blood sugar levels lower overall, and you shrink belly fat. All this leads to less risk for colon cancer.

How to Stay F.I.T.T.

F for Frequency = How often you exercise. Being active daily is nice, but start with 3 days a week and move up to 5 days a week as a goal.

I for Intensity = How hard and fast you exercise. Go slow, at first, and the speed will come.

T for Time = How long you exercise. Exercising 30 minutes each time is best, but if you go for 10 minutes at first, then that's a good starting point. Make 30 minutes a goal.

T for Type of exercise = Aerobic exercise, like walking and bicycling, is the best overall type of exercise because it helps you lose weight and keeps blood sugar levels stable. Training for strength like weight lifting and flexibility like yoga stretching are also important for a balanced body. 

1) <http://www.natamcancer.org/col-riskfactors-men1.html#risk> • 2) S.Harrar. (2006, October). Does Diabetes Cause Cancer? *Prevention*, <http://www.prevention.com/health/health/health-concerns/does-diabetes-cause-cancer/article/6ecc323b0b803110VgnVCM20000012281eac>



TV-Break Chair Exercises: Cindy Beck, Pilates instructor at Squaxin Island (and Skokomish) Tribe says, “Simply rise, stand, and return to a sitting position several times. Go slowly at first, and use support if you need it. As you gain balance, try it without support. Slowly standing and sitting is good for the thigh, belly, and back muscles.”



Photos courtesy NACR. 2010

Meet Thompson Williams, Warrior


If colorectal screening is too embarrassing, here's Thompson's advice, "Think about it whenever you have that pride or you try to be Mr. Macho. It doesn't matter how macho you are when you are not around for your family."

“About two years ago I noticed I was passing blood when I went to the rest room,” Thompson Williams, (Caddo) says. “Someone told me it was probably hemorrhoids, nothing to worry about.” Then Thompson learned from a friend that blood from the rectum can be a symptom of colorectal cancer. “I never really worried about cancer being in my family. The surprising thing was that once I started to get a hint of a [cancer] diagnosis, I realized I had cousins, and other family members who died of cancer.” In January 2009, he agreed to a colonoscopy.

Thompson was surprised that the doctors found a polyp inside his colon as large as his thumb. “They said they couldn't get the entire thing with the colonoscopy procedure, so they asked me to come back. I told them, *Yeah, I could do that.* But things happen. Spring became summer, then fall. I wasn't having problems anymore after the first colonoscopy,” Thompson says. So he thought it had been taken care of. Soon it was winter, and his problems came back.

“That started wearing on me,” he says. So he agreed to have another colonoscopy. This time they found a polyp twice as large as the first one.

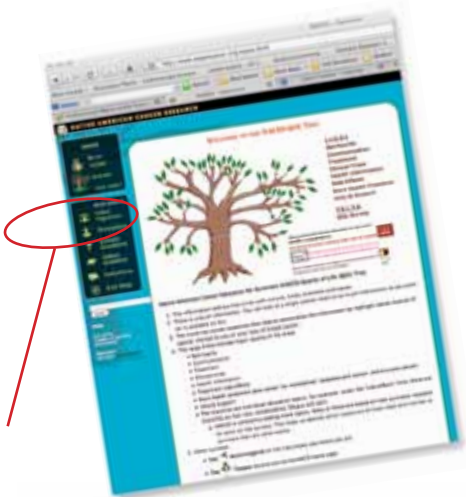
“Like a lot of people, I had no idea what the colon was,” he says. So the doctor drew on some pamphlets and showed Thompson where he found the polyp. I said, *Okay now I know what I'm looking at.* Finally came the news he didn't want to hear: he had colon cancer, and an operation was needed to remove the last polyp at the farthest point in his colon.

With the help of doctors, family, friends, ceremonies and prayers of all faiths and traditions, Thompson went through his final surgery successfully. Today he is talking to Native men about his experience. He knows that they might be embarrassed to get a colon screening. But he tells them, “I'd rather be embarrassed for a few minutes than to leave my family unprotected [without me] for the rest of their lives.” 

This story is an excerpt from a video interview done by the Native American Cancer Research Corporation, for the *Native American Cancer Education for Survivors (NACES) Quality of Life* web page. For this and many other cancer survivor stories, visit, www.natamcancer.org/naces.html

The warriors of our People were the protectors. They were there for the families. All I could think about was that I had to be here to protect my family.

— Thompson Williams
Caddo/Comanche



Native People's Wellness

Crochet Turtle *by June Strickland*

“I work in health promotion with many tribes in the Pacific Northwest.” June Strickland says, “We make crafts as a way to gather together to talk about health. One of the communities asked me to bring the turtle and this pattern is the result.”

Materials: Crochet hook size G or H and 3-4 ply green yarn.

Symbols: SC = Single Crochet / SS = Slip Stitch / C = Chain

1 To start: Chain 3-4 stitches to form a circle.

First Row: SC 6 stitches into the center around the circle. It will look like a donut.

2 SS to join and chain one. Second row: SC two times in each SC around the circle. You now have 12 SC. SS to join to the first SC and chain one. Turn.

3 Make one stitch and leave a loop. Push the sheath end of the new needles under the loop and on top of the tail end of the first needles. Pull the raffia loop tight. You can feel if it is laying flat with your thumb and forefinger. Continue winding and stitching until the coil is the size you want.



4 Making the top shell: Repeat steps 1 & 2 for making the turtle bottom body. SC around the entire shell one more time. Leave the thread long to be able to SS the shell to the bottom.

June's turtle takes about 15- 20 minutes to make.

5 Align the shell with the bottom body and SS the top and bottom together. Stuff with a cotton ball and close the hole with SS. Leave a long thread at the end and pull through the center of the top shell. Form a loop and tie off.



6 Finished turtle: Use as a holiday tree ornament. Attach to a chain and use as a necklace, attach to a key chain or just hang on the rear view mirror of your car.



June Strickland (Echota Cherokee) works with tribal communities in health promotion as an Associate Professor in the University of Washington School of Nursing Department of Psychosocial and Community Health. She has a Ph.D. and RN.

“The turtle is such an important symbol for our people!” June says. “I hope that folks have fun making these for their families, friends, and community.”

June's husband, Sam Strickland, shot all the photos for this article.



June Strickland, Echota Cherokee

Colorectal Cancer Control Programs (CRCCP) – Contacts and Resources

Local, state and tribal CRCCP programs help ensure all men and women get colorectal cancer screening and can provide colorectal cancer screening and follow-up services to low-income men and women age 50–64 years who are under insured or uninsured for screening, when no other payment option is available or when co-pays are high. When possible, screening services are integrated with other publicly funded health programs or clinics that serve under served populations, like CDC’s National Breast and Cervical Early Detection Program (www.cdc.gov/cancer/nbccedp/index.htm), CDC’s WISEWOMAN Program, (www.cdc.gov/wisewoman) and Health Resources and Services Administration’s Health Centers (<http://bphc.hrsa.gov/>).

ANTHC Colorectal Cancer Control Program

Alaska Native Epidemiology Center
Alaska Native Tribal Health Consortium

4000 Ambassador Drive C-DCHS
Anchorage, AK 99508
Phone: 907-729-3959

www.anthc.org/chs/epicenter/crccp.cfm



Southcentral Foundation (SCF)

Medical Services Screening and Prevention
Breast and Cervical,
WISEWOMAN, and Colorectal

4320 Diplomacy Drive
Anchorage, AK 99508
Phone: 907-729-8891



Screening For Life Program

Arctic Slope Native Association

P.O. Box 29; Wellness Center
Barrow, Alaska 99723
Phone: 907-852-5881
Toll Free: 888-525-7764 ext. 119



ANTHC developed a booklet and CD called, “Awakening Choices.”

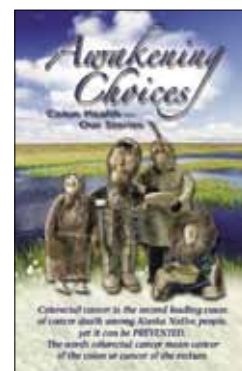
ANTHC is also working on an interactive CD about colorectal cancer. For more information on these and other cancer education resources, visit the Alaska Community Health Aide Resource site at,

www.akchap.org/CancerCME.cfm

For short, online cancer education videos:

www.arctichealth.org/anthcvideos.php

Or contact Melany Cueva with Community Health Services, 907-729-2447.



SPIPA Colon Health Program

South Puget Intertribal Planning Agency

3104 Old Olympic Highway
Shelton, WA 98584
Phone: 360-426-3990 x 213

www.spipa.org/health.html



OTHER RESOURCES FOR ALASKA NATIVE/ AMERICAN INDIANS

Spirit of Eagles, American Indian/Alaska Native Leadership Initiative on Cancer

<http://mayoresearch.mayo.edu/cancercenter/news.cfm>

Native C.I.R.C.L.E., is a resource center providing cancer-related materials to health care professionals and lay people involved in the education, care and treatment of American Indians and Alaska Natives.

877-372-1617

http://cancercenter.mayo.edu/native_circle.cfm



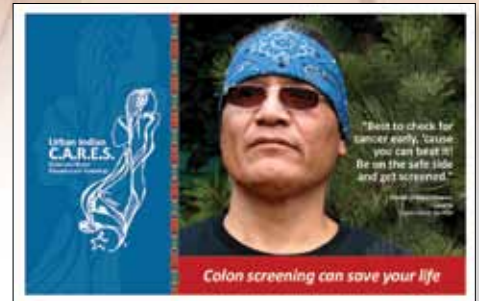
Tina McCloud, (Nisqually) offered to be a spokesperson and “Poster Girl” for SPIPA. The poster is a resource for educating community members from all seven tribes participating in the CRCCP.

Other AIAN Colorectal Cancer Contacts and Resources

Urban Indian C.A.R.E.S.
Urban Indian Health Institute
 206-812-3030
 email: info@uihi.org

A network of 34 urban Indian health organizations (UIHO), which are on contract with the Indian Health Service (IHS) and provide primary care or outreach and referral services, is a mechanism through which health care is provided to the urban AI/AN community in select cities.

The goal of Urban Indian CARES (Colon and Rectal Education and Screening) is to promote education, testing, and treatment of colorectal cancer through the urban Indian health organizations nationwide. Initially funded by Prevent Cancer Foundation with additional funding from Spirit of Eagles, the project has established a workgroup of UIHO and other stakeholders to promote increased colorectal health screening and treatment among AI/AN living in urban settings of the United States. Based on background work to identify attitudes towards colorectal cancer screening among urban AIAN, the Urban Indian CARES project developed materials for a health promotion campaign to be used in conjunction with March Colorectal Cancer Awareness month. The materials include: a community poster featuring an AI/AN colorectal cancer survivor; community postcards (a male and female version) featuring an AI/AN colorectal cancer survivor; a postcard and factsheet targeted at policy makers, a factsheet targeted at providers, and a media toolkit.



All materials may be customized, such as to replace the photo and story with a local survivor, to make the information more meaningful to the local community.

For more information about the Urban Indian CARES project contact the Urban Indian Health Institute. For materials visit:

<http://www.uihi.net/ColorectalCancer/CARES%20Materials/Forms/AllItems.aspx>

* * * * *



Native American Cancer Research Corporation (NACR)

303-838-9359
www.natamcancer.org

NACR is an American Indian operated, community-based 501(c)(3) (non-profit) organization. The mission is to reduce cancer incidence and increase survival among Native Americans. NACR's priority is to implement cancer research projects involving: prevention, health screening, education, training, control, treatment options, and support.



The "Native American Cancer Education for Survivors" (NACES) Quality of Life web page is filled with information on spirituality, treatment, clinical trials, side effects of cancer and more. To download a Fact Sheet on how to navigate the site, and other important information, visit:

www.natamcancer.org/page214.html

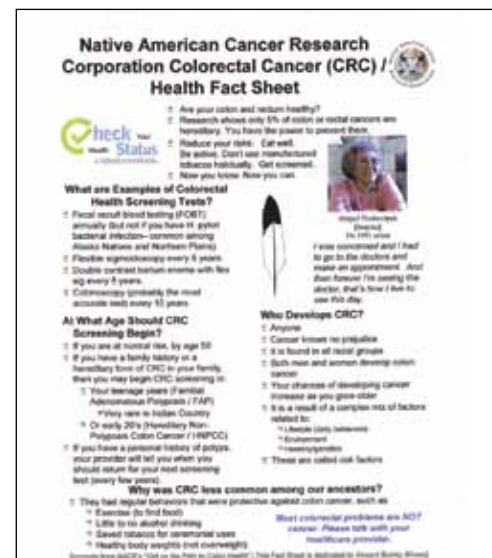
The online Colorectal Cancer Interactive Health / Risk Shield helps community members: 1) identify personal risk factors for colorectal cancer, and 2) identify daily behaviors that may reduce one's risk for colorectal cancer and other health problems. Visit:

<http://www.natamcancer.org/col-riskfactors-men1.html>
 (for males) or,

<http://www.natamcancer.org/col-riskfactors-wmn1.html>
 (for females).



Find downloadable copies of the 90-minute workshop for cancer screening "Get on the Path to Colon Health," or for the prevention curricula for addictive tobacco prevention/cessation, "Get on the Path to Lung Health," at www.natamcancer.org



State Cancer Control Programs – Contacts and Resources

State CRCCP programs often contract with regional health service organizations and private entities including physicians, health boards, Indian Health Services and Tribes not directly funded. Contact the state program below near you to learn more about eligibility requirements and how to receive program services.

FITWAY Alabama Colorectal Cancer Prevention Program

Alabama Department of Public Health
Cancer Prevention Division

201 Monroe Street, Suite 1478
Montgomery, AL 36104
334-206-7066
www.alabamacancercontrol.org/specialprojects.html

Arizona Fit at Fifty HealthCheck Program

Arizona Department of Health Services

1740 W. Adams, Suite 205
Phoenix, AZ 85007
602-542-1222

To find out if you qualify, call
928-213-6104 or
800-687-5798 ext. 2373
www.azcancercontrol.gov/

[www.northcountryhealthcare.org /
content/colorectal-cancer-screening](http://www.northcountryhealthcare.org/content/colorectal-cancer-screening)

California Colon Cancer Control Program (CCCCP)

1616 Capitol Avenue, Suite 74.421
Sacramento, CA 95814-5052
916-449-5300
[www.cdph.ca.gov/programs/
cancerdetection](http://www.cdph.ca.gov/programs/cancerdetection)

Comprehensive Cancer Program

Colorado Department of Public Health
and Environment

PSD –CCP-A7380
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2520
[www.cdphe.state.co.us/pp/ccpc/
index.html](http://www.cdphe.state.co.us/pp/ccpc/index.html)

Delaware Screening for Life Program

540 S. DuPont Highway
Thomas Collins Building, Suite 11
Dover, DE 19901
302-744-1040
[http://dhss.delaware.gov/dhss/dph/
dpc/sfl.html](http://dhss.delaware.gov/dhss/dph/dpc/sfl.html)

Florida Colorectal Cancer Control Program

Bureau of Chronic Disease Prevention
Florida Department of Health

4052 Bald Cypress Way; HSFCD,
Bin#A-18
Tallahassee, FL 32399-1723
850-245-4330

Hillsborough, Manatee and Pinellas
Counties.
Phone 941-748-0747 ext. 1241

Miami-Dade County.
Phone 305-470-5752

Alachua and Putnam Counties,
Phone 386-326-3350

Georgia Colorectal Cancer Control Program

Georgia Department of Community Health

Division of Public Health

2 Peachtree Street, 16-293
Atlanta, GA 30303
404-657-6611
Fax: 404-657-4338

Iowa Get Screened Colorectal Cancer Program

Iowa Department of Public Health

321 E. 12th Street
Des Moines, IA 50319-0075
515-242-6516
<http://www.idph.state.ia.us/>

For links to cancer screening sites, and
cancer tools and resources, visit
www.canceriowa.org

Maine Colorectal Cancer Control Program

Maine Comprehensive Cancer Control
Program

11 State House Station
Key Plaza, 5th Floor
Augusta, ME 04333
207-287-4321

For direct information and local
screening, call
877-320-6800

[http://www.maine.gov/dhhs/boh/ccc/
colorectal.shtml](http://www.maine.gov/dhhs/boh/ccc/colorectal.shtml)

Maryland Colorectal Cancer Control Program

Maryland Department of Health and
Mental Hygiene

Center for Cancer Surveillance and
Control
201 W. Preston Street
Baltimore, MD 21201
800-477-9774
[http://fha.maryland.gov/cancer/crc_
home.cfm](http://fha.maryland.gov/cancer/crc_home.cfm)

Massachusetts Women's Health Network

Massachusetts Department of
Public Health

250 Washington Street
Boston, MA 02108
877-414-4447 (in state)
617-624-5406 (out of state)
<http://www.mass.gov/dph/cancer>

Michigan Colorectal Cancer Early Detection Program

Michigan Department of Community
Health

Washington Square Building, 5th Floor
109 Michigan Avenue
Lansing, MI 48913
877-588-6224

Minnesota Sage Scopes

Minnesota Department of Health

P.O. Box 64882
St. Paul, MN 55164-0882
651-201-5618
Fax: 651-201-5601

DPHHS Comprehensive Cancer Control Program

1400 Broadway Rm. C317
PO Box 202951
Helena, MT 59620-2951
Phone: (406) 444-4599
Fax: (406) 444-7465
[http://www.dphhs.mt.gov/PHSD/
cancer-control/Breast&Cerv-index.
shtml](http://www.dphhs.mt.gov/PHSD/cancer-control/Breast&Cerv-index.shtml)

State Colorectal Cancer Control Programs – Contacts and Resources

Nebraska Colon Cancer Screening Program

301 Centennial Mall South, 3rd floor
P.O. Box 94817
Lincoln, NE 68509-4817
800-532-2227 (in Lincoln, 402-471-0929
<http://www.stayinthegamene.com/>

Nevada CRCCP Bureau of Community and Family Wellness

Nevada State Health Division
4150 Technology Way, Suite 101
Carson City, NV 89706
775-684-4032
Fax: 775-684-8338

New Hampshire Colorectal Cancer Screening Program

Dartmouth Hitchcock Medical Center
Norris Cotton Cancer Center
One Medical Center Drive
Lebanon, NH 03756
603-653-3702
<http://www.dphhs.mt.gov/index.shtml>

New Mexico Colorectal Cancer Program

5301 Central Ave. N.E., Suite 800
Albuquerque, NM 87108
505-222-8613 (ask for "CRC")
www.cancernm.org

New York State Cancer Services Program

Riverview Center, 150 Broadway #350
Albany, NY 12204
518-474-1222
866 442 2262
www.nyhealth.gov/nysdoh/cancer/center/cancer_services.htm

Oregon Colorectal Cancer Prevention Program

Oregon Public Health Division
800 NE Oregon Street, Suite 730
Portland, OR 97232
971-673-0360
<http://www.oregon.gov/DHS/ph/cancer/index.shtml>

Pennsylvania Colorectal Cancer Control Program

Philadelphia County Department of Health
500 South Broad Street
Philadelphia, PA 19146
215-685-6560
http://www.portal.state.pa.us/portal/server.pt/community/cancer/14165/colorectal_cancer/557837

South Dakota Colorectal Cancer Screening Program

South Dakota Department of Health
615 East 4th Street
Pierre, SD 57501
800-738-2301
<http://doh.sd.gov/ColorectalCancer/default.aspx>

Utah Colorectal Cancer Control Program

Utah Cancer Control Program
Utah Cancer Action Network
P.O. Box 142107
Salt Lake City, UT 84131-9988
800-717-1811
<http://www.cancerutah.org>

Washington Breast, Cervical, and Colon Health Program

Washington State Department of Health
111 Israel Rd., Town Center 2, 3rd floor
Tumwater, WA 98501
888-438-2247
<http://www.doh.wa.gov/cfh/bcchp/>

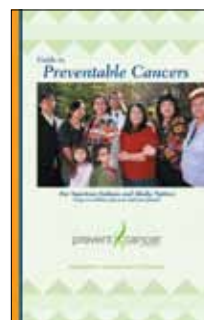
MORE EDUCATION RESOURCES



CDC Screening for Life,
www.cdc.gov/cancer/colorectal/sfl/print_materials.htm
www.cdc.gov/cancer/colorectal/pdf/Basic_FS_Eng_Color.pdf
Fred Hutchison Cancer Research Center
www.fhcr.org/patient/ccc/americanindians.html

Women's Health, US Dept. of Human Health & Services

www.womenshealth.gov/minority/americanindian/cancer.cfm



Prevent Cancer Foundation,
www.preventcancer.org/excontent/wide.aspx?id=376

Colorectal specific information
www.preventcancer.org/colorectal

CDC Colorectal Cancer Control Program
www.cdc.gov/cancer/colorectal/

CRCCP contacts:
www.cdc.gov/cancer/crccp/contacts.htm

American Cancer Society
www.cancer.org/Cancer/ColonandRectumCancer/OverviewGuide/colorectal-cancer-overview-what-is-colorectal-cancer

Colon Cancer Alliance
www.ccalliance.org/

National Cancer Institute
www.cancer.gov/cancertopics/factsheet/Detection/colorectal-screening

National Institute of Diabetes and Digestive and Kidney Diseases
<http://digestive.niddk.nih.gov/ddiseases/pubs/colonoscopy/>

Johns Hopkins Medicine
Colorectal Cancer Center
www.hopkinscoloncancercenter.org/

Keep the Heritage
Alive.

Get Screened.

The Tundra Dancers in Barrow, Alaska, learned culture and experience from their Elders. The youth of your community need you too. Don't wait. Contact your Colorectal Cancer Screening Program today.