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PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Suislaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
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Hoh Tribe
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Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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DATE: November 20, 2020
TO: Northwest Tribal Cancer Coalition
FROM: Kerri Lopez (Tolowa), Project Director
Northwest Tribal Comprehensive Cancer Program
SUBJECT: Funding Proposal

Attached is a request for proposals to fund cancer plan implementation by Northwest Tribes. This is an opportunity to obtain funding to support an upcoming activity you already had planned or create a new opportunity for Tribal Comprehensive Cancer Control. The Northwest Tribal Comprehensive Cancer Program encourages you to respond to the comprehensive cancer control needed in your community. **Tribes may submit TWO applications**, one for Tribal cancer plan implementation, and another for Tribal cancer plan implementation specific to *cancer survivorship*.

The application includes the following sections:

- A. Request for Proposal
- B. Action Planning Worksheet

We've also included the following references:

- Example Activities
- Example Proposal
- Example Action Planning Worksheet
- Twenty Year Plan Objectives
- Activity Implementation Report Template

Please make sure to specify who you would like the check made out to and where you would like it sent.

If you have any questions, please feel free to email Rosa Frutos (Warm Springs) NTCCP Cancer Project Coordinator rfrutos@npaihb.org or call 971-282-4002.

Thank you for your work.

Kerri Lopez (Tolowa Dee-ni' Nation)
Director, NW Tribal Cancer and Western Tribal Diabetes Projects
503-416-3301
klopez@npaihb.org

Request for Tribal Cancer Plan Implementation Proposals

Centers for Disease Control and Prevention
AND

Northwest Tribal Cancer Control Project Grant # 6 NU58DP006283-03-00 CDFA: 93.898
Northwest Portland Area Indian Health Board

PROPOSAL REQUIREMENTS

Payment will be made in a manner consistent with the terms detailed in the award letter. For funding consideration, the tribe/tribal health program must agree to the following terms and conditions:

- To use funds only for purposes consistent with the proposed implementation plan.
- To provide a brief report to the Northwest Tribal Comprehensive Cancer Project on the utilization of the funds, which include a short narrative describing the use of the funds, an evaluation of the success or failure of the objective, and a financial sheet detailing the expenditure of the funds.
- Funds may not be used to influence legislation or to participate in, or intervene in, any political campaign.
- Tribal Grant Recipients must be in good standing with federal government funding

Grant Funding Limitations

- Grantees may not use funds for research.
- Grantees may not use funds for clinical care.
- Grantees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Grantees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- Statistical Analysis Software (SAS) Licenses/SUDAAN will be awarded as direct assistance (DA) and will be deducted from the amount of financial assistance (FA) that would otherwise be available for award.
- Applicant must be a NPAIHB member tribe participating in the Northwest Tribal Cancer Coalition
- Programs or activities must have an American Indian/Alaska Native target audience

REQUEST FOR PROPOSALS

DEADLINE EXTENDED

Rolling deadline, but all proposals must be received by 5 p.m. on April 23, 2021
New Extended Deadline: Friday June 4, 2021

The Northwest Tribal Comprehensive Cancer Program (NTCCP) requests your proposal(s) for support of implementation of tribal cancer control and cancer survivorship for Fiscal Year 2021.

Tribes/Tribal health programs may submit two applications, one for Tribal cancer control implementation funds and another for Tribal cancer control implementation specific to Cancer Survivorship.

Our goal is to make the proposal process as quick and straightforward as possible. Below are background, instructions and forms for applying.

Background

The mission of the Northwest Portland Area Indian Health Board (NPAIHB) is to assist Northwest Tribes to improve health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care. NPAIHB was established in 1972 as a private, not-for-profit organization and is also recognized as a tribal organization under P.L. 93-638.

The Northwest Tribal Comprehensive Cancer Program is part of the Northwest Portland Area Indian Health Board. We envision and work toward cancer-free tribal communities by taking an integrated and coordinated approach to cancer control. The overall goal of the Northwest Tribal Cancer Action planning activity fund is to expand Cancer Control efforts in American Indian/Alaska Native (AI/AN) communities by providing the knowledge and skills to facilitate effective and successful prevention, support, and palliation strategies.

Purpose

The purpose of the **Tribal Cancer Control Implementation Fund** is to support activities implementing tribal cancer action plans. Action plans involving tribal health directors, the tribal health clinic, and the community are preferred. Collaboration with existing cancer control programs and activities is encouraged. NTCCP will make the awards within 3 weeks of submission.

Eligibility

All NPAIHB member tribes participating in the Northwest Tribal Cancer Coalition are eligible to apply for the tribal cancer plan implementation funds.

Funding amount(s)*

\$5000.00 for each application

*Please include all expenses in the event that more funding becomes available

GUIDELINES AND INSTRUCTIONS FOR APPLICATIONS: FUNDING CRITERIA

- Continued participation with NTCCP
- Collaboration with tribal leaders and community members
- Taking a coordinated approach to Cancer Control activities
- Programs or activities that create community awareness of Cancer issues
- Programs or activities that promote healthy behaviors

Tribal Cancer Plan Implementation Proposals: Priority will be given to applications that address one of more of the following topics:

- Tobacco Policy: Youth, Second Hand Smoke
- Physical Activity
- Healthy Behavior
- Cancer Screening: Breast, Cervical, and Colorectal
- Cancer survivorship

Tribal Cancer Plan Implementation Proposals on *Cancer Survivorship* must address:

- Activities that impact the quality of life of cancer survivors such as, but not limited to:
 - Using EHR data for survivorship care planning
 - Expand/support patient navigation programs
 - Promote physical activity among cancer survivors
 - Cancer survivorship campaigns to educate survivors and/or providers

All activities of the tribal cancer plan implementation funds must address an objective of the Northwest Twenty-Year Comprehensive Cancer Control Plan

Funding mechanism

Grantees will partner with the Northwest Portland Area Indian Health Board-NTCCP

Funding Period

All activities encouraged to be completed by June 30, 2021, but we understand that this timeline may be impacted because of COVID-19.

Payment and Reporting

Upon receipt of a completed activity report, grantees may request to receive payment via check.

Announcement

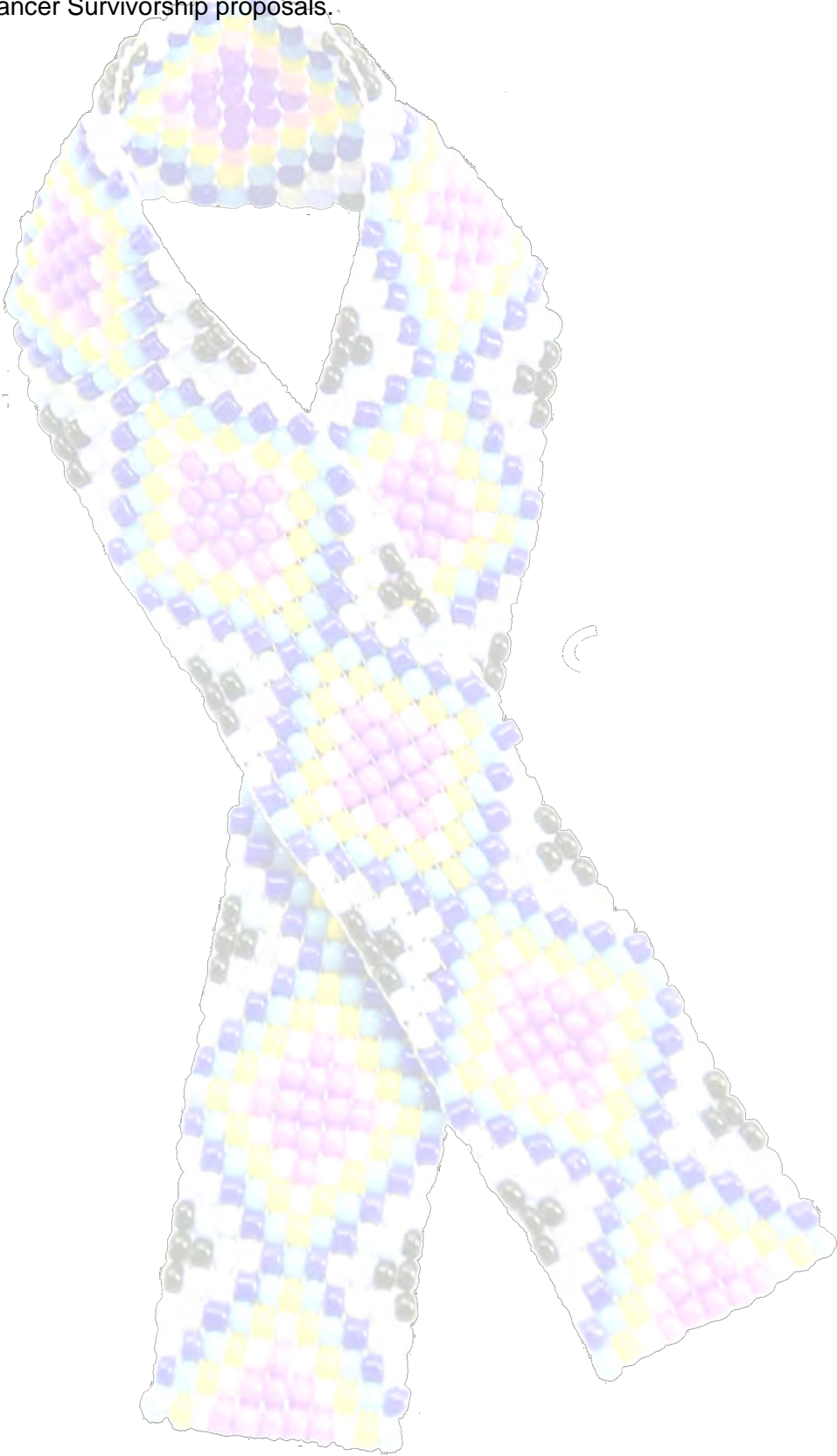
NTCCP will announce implementation funding in writing to applicants within 3 weeks of the completed application

Number of Awards: Tribal Cancer Plan Implementation Proposals

The Northwest Tribal Comprehensive Cancer Program will award up to 10 proposals of \$5000 each for Tribal Cancer Plan Implementation Proposals.

Number of Awards: Tribal Cancer Plan Implementation Proposals – *Cancer Survivorship*

The Northwest Tribal Comprehensive Cancer Program will award up to 10 proposals of \$5000 each for Cancer Survivorship proposals.



CONTENTS OF PROPOSAL

Successful applications will include the following*:

***Applicants must complete the following for EACH application submitted.**

Cover Letter and overview

The cover letter must include a statement of the overall goals of the proposed activities (described in detail in the action plan below). The cover letter should be signed by the Northwest Tribal Cancer Coalition member on Tribal letterhead.

Entire overview should be one to two pages

1. Provide brief overview of proposed project
2. Provide statement of need and available statistics regarding cancer in your community. How will this project address that need? What evidence do you have that the proposed project is or will be effective in meeting this need?
3. Describe other organizations, if any, that will participate in the program
4. Describe community members to be served and how they will benefit
5. Describe plans for collaboration or coordination with the Northwest Portland Area Indian Health Board - Northwest Tribal Comprehensive Cancer Program

Action Plan should include the following:

1. List program goal and measurable objective(s) (i.e. what do you hope to achieve and what type of evaluation will you be submitting)
2. Include the objective you are addressing from the Northwest Twenty-Year Comprehensive Cancer Control Plan
3. Provide a timeline for completing goal and objective(s)
4. Describe how progress toward accomplishing each goal and objective will be evaluated
5. List activities to be implemented. Is this a new or an ongoing activity of your tribe? If this is an on-going activity, what enhancements will be achieved with the requested funds?
6. Budget time and money required for the proposed activities

Example Activities

The Northwest Tribal Comprehensive Cancer Program has funded tribal cancer control activities since 2004. Hard work on the part of organizers utilized funds in innovative ways. Some found matching funds, while others utilize incentives to increase attendance and participation.

Due to COVID-19, the NTCCP encourages programs to engage in activities that follow CDC recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Tribal Cancer Plan Implementation activities may include, but are not limited to:

- Small Media
 - Use media to raise awareness of cancer screening(s) (create a community video, record a radio ad, billboard, newspaper, etc.)
 - Hire a media company to record local cancer survivor stories and keep film for future Tribal/community use.
 - Create youth specific video to discourage e-cigarettes and/or commercial tobacco use.
- Tribal Policies
 - Implement commercial tobacco-free policies/flavored vape restrictions in the workplace or community (such as Tribal housing, community fair grounds, etc.) Institute weekly smoke-free day at casinos campaign or completely smoke-free casino.
- Tribal Nutrition and Community Garden
 - Develop and/or expand on community gardens. Develop and/or expand on traditional foods curriculum or information sheets and how they relate to cancer prevention.
- Cancer Screening Support
 - Provide transportation to screening appointments and/or incentives (may be paired with small media campaign for cancer screening).
- Improve Health Systems
 - Contract or use current personnel to improve systems to have health care providers ask each patient if they use tobacco and if tobacco is used in their homes, to determine readiness to quit and advise them accordingly.
 - Establish cancer patient tracking system to monitor long-term cancer side effects and recurrence. Monitor and record cancer survivors and tobacco use to determine readiness to quit and advise them accordingly.
- Virtual Cancer Support Groups for Survivors and/or Caregivers
 - May use funds to help provide training to community member(s) for facilitation or for personnel time to moderate group.

PSE Activities

CDC encourages the implementation of cancer control activities that are grounded within a Policy, Systems and Environment (PSE) approach. PSE changes are long-term approaches that are designed to make a sustained improvement in community health.

Addressing the root causes of chronic diseases and related risk factors fosters sustainable change and reduces the burden of chronic disease.

By adjusting an individual's environment, PSE change can lead to modifications in their behavior that are permanent and beneficial.

PSE examples:

Setting	Traditional Approach	PSE Approach
School	Teach a unit on healthy nutrition.	Provide fruits and vegetables on the lunch menu.
Workplace	Offer health screenings once a year.	Provide access to a gym on site, and offer free fitness classes for employees.
Community	Organize annual races or walks to raise awareness of diseases.	Increase the community's access to green space and public transport; create walking and biking paths.

Resources for PSE learning:

- Action for Policy, Systems and Environmental (PSE) Change: A Training
 - This is a FREE course through the George Washington University Cancer Center's e-learning series. It offers 3.00 Certified Health Education Specialist/Master Certified Health Education Specialist credits (CHES®/MCHES®).
 - <https://cme.smhs.gwu.edu/gw-cancer-center-/content/action-policy-systems-and-environmental-pse-change-training#group-tabs-node-course-default1>
- Action 4 PSE Change, GW Cancer Center
 - <http://action4psechange.org/resources-and-tools/>
- Policy, Systems, and Environmental Change Resource Guide from American Cancer Society and National Comprehensive Cancer Control Program
 - https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PSE_Resource_Guide_FINAL_05.15.15.pdf
- Short webinar: Overview of Policy, System and Environmental PSE Change
 - <https://www.youtube.com/watch?v=oJZ9CewtuPA&feature=youtu.be>



Table I. Sample Breast Cancer Objectives for Tribal Cancer Planning

#	Objective		
	<ul style="list-style-type: none"> Strategy 	<ul style="list-style-type: none"> Evaluation 	<ul style="list-style-type: none"> Data
1	Increase awareness of the risk factors for breast cancer.		
	<ul style="list-style-type: none"> Implement community education campaigns (mentoring, media, tribal leaders) Implement community awareness campaigns Plan a “women’s health fair” to distribute information about breast health Plan an activity in connection with Breast Cancer Awareness Month (October) Implement Pink Shawl Program 	<ul style="list-style-type: none"> Conduct BRFSS to assess change in level of awareness of risk factors Health fair attendance 	<ul style="list-style-type: none"> BRFSS
2	Increase the percentage of AI/AN women who receive regular breast cancer screenings		
	<ul style="list-style-type: none"> Support the development and distribution of educational material promoting the importance of regular breast screenings Provide culturally-sensitive education to Primary Care Providers (PCPs) for counseling of patients Provide transportation to screening Provide incentive to get exam Provide childcare services 	<ul style="list-style-type: none"> Survey PCPs GPRA 	<ul style="list-style-type: none"> GPRA
3	Increase collaboration with Statewide Breast and Cervical Cancer Early Detection Programs (BCCEDP)		
	<ul style="list-style-type: none"> Integrate Breast and Cervical Cancer Early Detection Programs into cancer plan implementation activities Collaborate with the State Breast and Cervical Cancer Partnerships and others on shared priorities 	<ul style="list-style-type: none"> Increase in women screened through BCCEDP 	<ul style="list-style-type: none"> BCCEDP
4	Increase the number of tribal Breast and Cervical Cancer Early Detection Programs		
	<ul style="list-style-type: none"> Support efforts by non-funded tribal organizations to secure funding to develop Breast and Cervical Cancer Early Detection Programs 	<ul style="list-style-type: none"> Number of new programs 	<ul style="list-style-type: none"> number of programs
5	Increase the number of women diagnosed with breast cancer who have access to appropriate treatment.		
	<ul style="list-style-type: none"> Educate PCPs to refer women for breast cancer treatment services Organize community members to provide transportation for women needing daily or weekly treatments 	<ul style="list-style-type: none"> Record number of PCPs receiving information Count rides given to treatment facilities Record change in percentage of persons receiving treatment 	<ul style="list-style-type: none"> Navigator Program records Chart Audit

6	Increase payment coverage of screening and treatment of breast cancer
<ul style="list-style-type: none"> Educate policy-makers about the importance for government or insurance coverage of costs of mammograms and treatment of breast cancer 	<ul style="list-style-type: none"> Obtain baseline measure of how screening and treatment are paid Record # of policy-makers educated about the importance of payment coverage Contract Health Chart Audit
7	Increase available support and quality of life for women being treated for and survivors of breast cancer
<ul style="list-style-type: none"> Organize a breast cancer support group 	<ul style="list-style-type: none"> Obtain baseline measure of number of women eligible to attend support group Survey for quality of life of support group members Number of women attending the support group Chart Audit
8	Increase available support to caregivers of women living with breast cancer
<ul style="list-style-type: none"> Provide training to caregivers Organize a caregivers' support group 	<ul style="list-style-type: none"> Obtain baseline measure of number of potential caregivers Survey for knowledge of care giving and quality of life Record the number of caregivers who receive training Assess for change in knowledge of care giving Record the number of caregivers who attend the support group Assess for quality of life Survey Survivors Training rosters Pre/Post test eval





Table 2. Sample Cervical Cancer Objectives for Tribal Cancer Planning

#	Objective	Evaluation	Data
	<ul style="list-style-type: none"> Strategy 	<ul style="list-style-type: none"> Evaluation 	<ul style="list-style-type: none"> Data
9	Increase awareness of the risk factors for cervical cancer		
	<ul style="list-style-type: none"> Implement community education campaigns (mentoring, media, tribal leaders) Implement community awareness campaigns Plan a “women’s health fair” to distribute information about cervical health Plan an activity during Cervical Cancer Awareness Month (January) 	<ul style="list-style-type: none"> Conduct BRFSS to assess change in level of awareness of risk factors Health fair attendance 	<ul style="list-style-type: none"> BRFSS
10	Increase awareness among AI/AN of the relationship between Human Papiloma Virus (HPV) and cervical cancer and availability of vaccinations.		
	<ul style="list-style-type: none"> Develop media messages on HPV vaccinations and cancer. Partner with IHS and State Vaccine for Children programs 	<ul style="list-style-type: none"> Number of families educated about HPV Number of children vaccinated through State Childhood Immunization Programs 	<ul style="list-style-type: none"> State Childhood Immunization records
11	Increase the percentage of AI/AN women who receive regular pap tests		
	<ul style="list-style-type: none"> Support the development and distribution of educational material promoting the importance of regular pap tests Provide culturally-sensitive education to PCPs for counseling of patients Provide transportation to screening Provide incentive to get exam Provide childcare services 	<ul style="list-style-type: none"> Survey PCPs GPRAs 	<ul style="list-style-type: none"> GPRAs
12	Increase collaboration with Statewide Breast and Cervical Cancer Early Detection Programs (BCCEDP)		
	<ul style="list-style-type: none"> Integrate Breast and Cervical Cancer Early Detection Programs into cancer plan implementation activities Collaborate with the State Breast and Cervical Cancer Partnerships and others on shared priorities 	<ul style="list-style-type: none"> Increase in women screened through BCCEDP 	<ul style="list-style-type: none"> BCCEDP
13	Increase the number of tribal Breast and Cervical Cancer Early Detection Programs		
	<ul style="list-style-type: none"> Support efforts by non-funded tribal organizations to secure funding to develop Breast and Cervical Cancer Early Detection Programs 	<ul style="list-style-type: none"> Number of new programs 	<ul style="list-style-type: none"> number of programs

14	Increase the number of women diagnosed with cervical cancer who have access to appropriate treatment
<ul style="list-style-type: none"> Educate PCPs to refer women for cervical cancer treatment services Organize community members to provide transportation for women needing daily or weekly treatments 	<ul style="list-style-type: none"> Record number of PCPs receiving information Count rides given to treatment facilities Record change in percentage of persons receiving treatment Navigator Program records Chart Audit
15	Increase payment coverage of screening and treatment of cervical cancer
<ul style="list-style-type: none"> Educate policy-makers about the importance for government or insurance coverage of costs of PAP tests and treatment of cervical cancer 	<ul style="list-style-type: none"> Obtain baseline measure of how screening and treatment are paid Record # of policy-makers educated about the importance of payment coverage Contract Health Chart Audit
16	Increase available support and quality of life for women being treated for and survivors of cervical cancer
<ul style="list-style-type: none"> Organize a cervical cancer support group 	<ul style="list-style-type: none"> Obtain baseline measure of number of women eligible to attend support group Survey for quality of life of support group members Number of women attending the support group Chart Audit
17	Increase available support to caregivers of women living with cervical cancer
<ul style="list-style-type: none"> Provide training to caregivers Organize a caregivers' support group 	<ul style="list-style-type: none"> Obtain baseline measure of number of potential caregivers Survey for knowledge of care giving and quality of life Record the number of caregivers who receive training Assess for change in knowledge of care giving Record the number of caregivers who attend the support group Assess for quality of life Survey Survivors Training rosters Pre/Post test eval





Table 3. Sample Colorectal Cancer Objectives for Tribal Cancer Planning

#	Objective	Evaluation	Data
	<ul style="list-style-type: none"> Strategy 	<ul style="list-style-type: none"> Evaluation 	<ul style="list-style-type: none"> Data
18	Increase awareness of the risk factors for colorectal cancer		
	<ul style="list-style-type: none"> Implement community education campaigns (mentoring, media, tribal leaders) Implement community awareness campaigns Plan a “family health fair” to distribute information about colorectal health Plan an activity in connection with Colorectal Cancer Awareness Month (March) 	<ul style="list-style-type: none"> Conduct BRFSS to assess change in level of awareness of risk factors Health fair attendance 	<ul style="list-style-type: none"> BRFSS
19	Increase the percentage of persons who receive age appropriate screening for colorectal cancer (FOBT, sigmoidoscopy, colonoscopy)		
	<ul style="list-style-type: none"> Provide incentive to get exam Provide transportation to clinic site Survey the capacity of facilities to provide colorectal cancer screening Support programs to train mid-level providers to perform flexible sigmoidoscopy/colonoscopy and to establish ongoing screening programs in regional facilities Support programs to diagnose colorectal cancer stages and reduce or eliminate unnecessary preoperative chemotherapy and radiation treatment Increase AI/AN specific colorectal cancer screening education to make sure that comprehensive, culturally appropriate media messages reach the intended audience Investigate innovative ways of organizing healthcare providers to enhance screening rates in rural communities 	<ul style="list-style-type: none"> Obtain baseline measures on percentage who receive screening Record number who receive incentive to get screening Count rides given to screening facilities Record change in the number of persons who receive diagnostic tests for colorectal cancer Number of PCPs who receive training in performing colonoscopy /or sigmoidoscopy 	<ul style="list-style-type: none"> GPRAs Chart Audit Provider Survey IHS
20	Increase access to appropriate treatment for colorectal cancer		
	<ul style="list-style-type: none"> Educate PCPs to refer persons for colorectal cancer services Provide transportation to treatment site 	<ul style="list-style-type: none"> Number of PCPs receiving information Count rides given to treatment facilities Record change in number of persons receiving treatment 	<ul style="list-style-type: none"> Navigator Program records Chart Audit

21	Increase payment coverage of screening and treatment of colorectal cancer	<ul style="list-style-type: none"> • Obtain baseline measure of how screening and treatment are paid • Record # of policy-makers educated about the importance of payment coverage 	<ul style="list-style-type: none"> • Contract Health • Chart Audit
22	Increase available support and quality of life for those being treated for and survivors of colorectal cancer	<ul style="list-style-type: none"> • Obtain baseline measure of number of women eligible to attend support group • Survey for quality of life of support group members • Number attending the support group 	<ul style="list-style-type: none"> • Chart Audit
23	Increase available support to caregivers of those living with colorectal cancer	<ul style="list-style-type: none"> • Obtain baseline measure of number of potential caregivers • Survey for knowledge of care giving and quality of life • Number of caregivers who receive training • Assess for change in knowledge of care giving • Number of caregivers who attend the support group • Assess for quality of life 	<ul style="list-style-type: none"> • Survey Survivors • Training rosters • Pre/Post test eval





Table 4. Sample Prostate Cancer Objectives for Tribal Cancer Planning

#	Objective		
	<ul style="list-style-type: none"> Strategy 	<ul style="list-style-type: none"> Evaluation 	<ul style="list-style-type: none"> Data
24	Increase awareness of the risk factors for prostate cancer		
	<ul style="list-style-type: none"> Implement community education campaigns (mentoring, media, tribal leaders) Implement community awareness campaigns Plan a “men’s health fair” to distribute information about cervical health Plan an activity during Prostate Cancer Awareness Month (September) 	<ul style="list-style-type: none"> Conduct BRFSS to assess change in level of awareness of risk factors Health fair attendance 	<ul style="list-style-type: none"> BRFSS Health fair roster
25	Increase awareness of the importance of making an informed decision about having a digital rectal exam and PSA blood test for early detection of prostate cancer		
	<ul style="list-style-type: none"> Develop community awareness campaign Plan a “men’s health day” to distribute information about prostate health Plan an activity in connection with Prostate Cancer Awareness Month (September) 	<ul style="list-style-type: none"> Activities of awareness campaign Number of persons served at men’s health day Measure awareness of importance of screening Survey community for change in level of awareness 	<ul style="list-style-type: none"> BRFSS Health fair roster
26	Increase access to appropriate treatment for prostate cancer		
	<ul style="list-style-type: none"> Educate PCPs to refer men for prostate cancer services Provide transportation to treatment site 	<ul style="list-style-type: none"> Number of PCPs receiving information Count rides given to treatment facilities Change in number of persons receiving treatment 	<ul style="list-style-type: none"> Navigator Program records Chart Audit
27	Increase payment coverage of diagnosis and treatment of prostate cancer		
	<ul style="list-style-type: none"> Educate policy-makers about the importance for government or insurance coverage of costs of screening and treatment of prostate cancer 	<ul style="list-style-type: none"> Obtain baseline measure of how screening and treatment are paid Number of policy-makers educated Survey PCPs for change from private parties to insurance or public entities 	<ul style="list-style-type: none"> Contract Health Clinic Survey

28 Increase available support and quality of life for those being treated for and survivors of prostate cancer

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| <ul style="list-style-type: none"> Organize a prostate cancer support group | <ul style="list-style-type: none"> Obtain baseline measure of number of men eligible to attend support group Survey for quality of life of support group members Number attending the support group | <ul style="list-style-type: none"> Chart Audit |
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29 Increase available support to caregivers of those living with prostate cancer

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| <ul style="list-style-type: none"> Provide training to caregivers Organize a caregivers' support group | <ul style="list-style-type: none"> Obtain baseline measure of number of potential caregivers Survey for knowledge of care giving and quality of life Number of caregivers who receive training Assess for change in knowledge of care giving Number of caregivers who attend the support group Assess for quality of life | <ul style="list-style-type: none"> Survey Survivors Training rosters Pre/Post test eval |
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Table 5. Sample Lung Cancer Objectives for Tribal Cancer Planning

#	Objective		
	<ul style="list-style-type: none"> • Strategy 	<ul style="list-style-type: none"> • Evaluation 	<ul style="list-style-type: none"> • Data
30	Increase awareness of the risk factors for lung cancer		
	<ul style="list-style-type: none"> • Implement community education campaigns (mentoring, media, tribal leaders) 	<ul style="list-style-type: none"> • Number of people who received information on risk factors • Conduct Tribal BRFSS 	<ul style="list-style-type: none"> • BRFSS
31	Contribute to the knowledge and understanding of the risk of tobacco use among AI/AN to tribal leadership and communities		
	<ul style="list-style-type: none"> • Present research findings and evidence based best practices to tribal leadership at local, regional and statewide gatherings and conferences 	<ul style="list-style-type: none"> • Regional Tobacco Policy Conference attendance 	
32	Increase percentage of PCPs and dentists who ask patients 6 years and older about tobacco use at every visit		
	<ul style="list-style-type: none"> • Provide culturally-sensitive education to PCPs for counseling of patient 	<ul style="list-style-type: none"> • Survey PCPs • Number of providers who receive information • Yearly chart audit to see if rate changes 	<ul style="list-style-type: none"> • Chart Audit • Survey to Providers
33	Reduce the percentage of adult current tobacco users		
	<ul style="list-style-type: none"> • Promote a ban on advertising of tobacco products • Implement a community education campaign (mentoring, media, tribal leaders) • Establish tribal anti-tobacco councils • Increase cost of tobacco products • Promote smoke-free environments in tribal communities • Encourage community event to be commercial tobacco free 	<ul style="list-style-type: none"> • Obtain baseline data on use from BRFSS/YTS • Obtain baseline data on media advertising efforts • Report of activities of tribal anti-tobacco councils • Report on tobacco product price • Survey media for changes in frequency of advertising • Survey users for change in percentage of adult current tobacco users and those who intend to quit within six months 	<ul style="list-style-type: none"> • BRFSS • Tribal BRFSS • Oregon Healthy Teens • YTS



34 Reduce percentage of youth under 18 years who have ever tried tobacco products

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| <ul style="list-style-type: none"> • Increase AI/AN specific tobacco control media and education initiatives addressing youth to assure comprehensive, culturally appropriate messages reach the intended audience • Develop and assess the efficacy of AI/AN specific tobacco use interventions for youth, to assure comprehensive, culturally appropriate education efforts • Improve systems to have health care providers ask each patient, including parents of young children and youth, at each visit if they use tobacco and if tobacco is used in their homes, to determine their readiness to quit and advise them accordingly • Form parent support group • Encourage tribal health programs to continue to collaborate with local community providers and schools to use established tobacco cessation curriculums for youth, including CDC endorsed curriculums • Provide community technical assistance in addressing tobacco control issues targeting youth | <ul style="list-style-type: none"> • Conduct BRFSS/YTS • Record curriculum addition • Count parents who attend support group • Count media program contacts • Count number of youths educated about ritual use • Number of tribal health programs collaborating with local providers | <ul style="list-style-type: none"> • YTS • Oregon Health Teens • Parent support group rosters |
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35 Reduce smoking among pregnant women

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| <ul style="list-style-type: none"> • Develop community awareness campaign • Target WIC and First Steps users • Provide education materials to Primary Care Providers | <ul style="list-style-type: none"> • BRFSS/YTS for baseline data • Number of pregnant women contacted about smoking • Survey pregnant women for changes in smoking patterns | <ul style="list-style-type: none"> • Birth certificate files • Tribal activity log |
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36 Reduce the percentage of adult tobacco smokers

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| <ul style="list-style-type: none"> • Ensure that all AI/AN who wish to stop using tobacco have access to evidence based cessation interventions • Increase AI/AN specific tobacco control initiatives to assure comprehensive, culturally appropriate media messages reach the intended audience • Support collaborative advocacy efforts to pass statewide clean indoor air policy • Support local communities' advocacy efforts to enact or retain clean indoor air policies | <ul style="list-style-type: none"> • BRFSS • Monitor state tobacco policy • Monitor local tobacco policy | <ul style="list-style-type: none"> • BRFSS • State tobacco policy • Local Tobacco policy |
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37	Increase availability of tobacco use cessation services	<ul style="list-style-type: none"> Expand the number of health care providers offering nicotine dependence treatment Improve systems by which a provider can refer patients to nicotine dependence treatment Expand patient education and offer nicotine dependence treatment for patients receiving care Provide technical assistance to nicotine dependence treatment providers to bill Medicaid, Medicare and third party insurers for services 	<ul style="list-style-type: none"> Obtain baseline data on existing cessation services Obtain report of use and success rates Count number of PCPs who treat Record successful attempts to obtain funding Survey for changes in number of existing cessation services 	<ul style="list-style-type: none"> State quitlines number of AI/AN users
38	Increase awareness of tobacco use cessation services	<ul style="list-style-type: none"> Develop media campaign to increase awareness Develop and distribute a listing of tobacco cessation services 	<ul style="list-style-type: none"> Obtain baseline data from YTS Count media campaign contacts Survey for changes in awareness of cessation services 	<ul style="list-style-type: none"> YTS Tribal activity log
39	Increase environmental tobacco smoke (ETS) free homes and daycare sites	<ul style="list-style-type: none"> Implement a community education campaign (mentoring, media, tribal leaders) 	<ul style="list-style-type: none"> Tribal BRFSS Count number of community areas with anti-ETS policies Yearly site visits by CHRs to obtain data on change in rates of ETS in homes and daycare sites 	<ul style="list-style-type: none"> BRFSS
40	Increase/strengthen environmental tobacco smoke (ETS) policy in tribal facilities	<ul style="list-style-type: none"> Institute a weekly smoke-free day at casinos Implement locally developed policies on clean indoor air in community areas Showcase efforts of early adopters 	<ul style="list-style-type: none"> Obtain baseline data on ETS in community areas Random visits to ascertain compliance with request at casinos and community areas 	<ul style="list-style-type: none"> Tribal activity log
41	Increase enforcement of laws regulating sales of tobacco products to minors	<ul style="list-style-type: none"> Inform all local sellers of tobacco products about increased enforcement Implement protocol for reporting illegal sales without revealing identify of informant 	<ul style="list-style-type: none"> Obtain baseline of state SYNAR records Observational survey to see change in compliance with law 	<ul style="list-style-type: none"> SYNAR data

42	Increase access to appropriate diagnosis and treatment of lung cancer	<ul style="list-style-type: none"> • Educate PCPs to refer persons for lung cancer services • Provide transportation to clinic or treatment site • Provide incentive to get diagnosis/treatment • Provide childcare 	<ul style="list-style-type: none"> • Survey PCPs on referrals • Number of PCPs who receive information on how to refer • Rides to treatment facilities • Number of persons receiving incentive • Yearly chart audit for change in number of persons receiving treatment 	<ul style="list-style-type: none"> • Navigator Program records • Chart Audit
43	Increase payment coverage of screening and treatment of lung cancer	<ul style="list-style-type: none"> • Educate policy-makers about the importance for use of Tobacco Settlement money to fund diagnosis and treatment of lung cancer • Educate policy-makers about the importance for government or insurance coverage of lung cancer treatment 	<ul style="list-style-type: none"> • Obtain baseline measure of how screening and treatment are paid • Record # of policy-makers educated about the importance of payment coverage 	<ul style="list-style-type: none"> • Contract Health • Chart Audit
44	Increase available support and quality of life for those being treated for and survivors of lung cancer	<ul style="list-style-type: none"> • Organize a lung cancer support group 	<ul style="list-style-type: none"> • Obtain baseline measure of number of women eligible to attend support group • Survey for quality of life of support group members • Number attending the support group 	<ul style="list-style-type: none"> • Chart Audit
45	Increase available support to caregivers of those living with lung cancer	<ul style="list-style-type: none"> • Provide training to caregivers • Organize a caregivers' support group 	<ul style="list-style-type: none"> • Obtain baseline measure of number of potential caregivers • Survey for knowledge of care giving and quality of life • Number of caregivers who receive training • Number of caregivers who attend the support group • Assess for quality of life 	<ul style="list-style-type: none"> • Survey Survivors • Training rosters • Pre/Post test eval





Table 6. Sample Childhood Cancer Objectives for Tribal Cancer Planning

#	Objective		
	• Strategy	• Evaluation	• Data
46	Increase the percentage of primary care providers (PCPs) who recognize childhood cancer signs		
	<ul style="list-style-type: none"> Educate PCPs about childhood cancer signs Promote idea within professional organizations 	<ul style="list-style-type: none"> Survey PCPs Count number of PCPs who receive information on childhood cancers 	<ul style="list-style-type: none"> Survey to Providers
47	Increase access and referrals to appropriate treatment for childhood cancer		
	<ul style="list-style-type: none"> Educate PCPs to refer children to childhood cancer centers Provide transportation to treatment site Provide housing at treatment site 	<ul style="list-style-type: none"> Record number of PCPs receiving information Rides to treatment facilities Count number of days housing provided to family Record change in number of persons receiving treatment 	<ul style="list-style-type: none"> Navigator Program records Chart Audit
48	Increase payment coverage for treatment of childhood cancer		
	<ul style="list-style-type: none"> Educate policy-makers about the importance for government or insurance coverage of costs of treatment of childhood cancer Educate PCP about high risk pool and family insurance assistance programs 	<ul style="list-style-type: none"> Obtain baseline measure of how treatment is paid Record # of policy-makers educated about the importance of payment coverage Survey PCPs for change in payers from private parties to insurance or public entities 	<ul style="list-style-type: none"> Contract Health Clinic Survey
49	Increase available support to persons being treated for and survivors of childhood cancer		
	<ul style="list-style-type: none"> Organize a childhood cancer support group Refer to existing cancer support groups 	<ul style="list-style-type: none"> Obtain baseline measure of number of persons eligible to attend support group Survey for quality of life before support group begins 	<ul style="list-style-type: none"> Survey of Childhood Cancer Survivors Support group roster

50	Increase available support to parents/caregivers of persons living with childhood cancer
<ul style="list-style-type: none"> • Provide training to caregivers • Organize a parents and caregivers’ support group • Survey existing resources • Refer parent/caregiver to existing resources 	<ul style="list-style-type: none"> • Obtain baseline measure of number of potential caregivers • Survey for knowledge of care giving and quality of life • Record the number of caregivers who receive training • Assess for change in knowledge of care giving • Record the number of caregivers who attend the support group • Assess for quality of life • Survey of Childhood Cancer Survivors • Caregiver training rosters • Pre/Port test eval
51	Increase education of school personnel and primary care providers about late and long term effects of childhood cancer
<ul style="list-style-type: none"> • Partner with Leukemia & Lymphoma Society for <i>Welcome Back</i> program 	<ul style="list-style-type: none"> • Baseline of childhood cancer survivors • Survey Knowledge of providers and teachers • Survey of Providers • Survey of Teachers





Table 7. Sample Cancer Objectives for Tribal Cancer Planning

#	Objective		
	<ul style="list-style-type: none"> Strategy 	<ul style="list-style-type: none"> Evaluation 	<ul style="list-style-type: none"> Data
52	Increase Tribal Cancer Control Capacity		
	<ul style="list-style-type: none"> Participate in Northwest Tribal Cancer Coalition 	<ul style="list-style-type: none"> Coalition Evaluation 	<ul style="list-style-type: none"> NTCCP Coalition Evaluation and Signin Sheets
53	Support the gathering and maintenance of data systems to understand the cancer related needs of AI/ANs.		
	<ul style="list-style-type: none"> Support the efforts of the Northwest Tribal Registry Project to continue to gather and report cancer data on AI/ANs. Support the establishment of an Tribal family cancer risk registry to identify persons at high risk due to family history and predisposing conditions, and assure appropriate screenings and follow-up. Maintain a database of cancer research being undertaken among AI/ANs and secure additional funding for priority research needs. 	<ul style="list-style-type: none"> Number of tribal data linkages Change in reclassified cancer cases Establishment of cancer registry 	<ul style="list-style-type: none"> Tribal cancer registry Tribal registry linkage
54	Increase awareness of the risk factors for all cancers		
	<ul style="list-style-type: none"> Implement a community education campaign (mentoring, media, tribal leaders) 	<ul style="list-style-type: none"> Number of people who received information on risk factors BRFSS 	<ul style="list-style-type: none"> BRFSS
55	Educate physicians on accessing clinical guidelines		
	<ul style="list-style-type: none"> Plan, implement, and evaluate training for providers 	<ul style="list-style-type: none"> Number of providers trained Training Evaluation 	<ul style="list-style-type: none"> Training Responses
56	Increase the availability and effectiveness of culturally relevant cancer prevention & risk reduction materials and programs for AI/AN		
	<ul style="list-style-type: none"> Create brochures, handouts, posters on healthy lifestyles for cancer prevention Develop educational materials to help AI/ANs learn to use familiar, inexpensive, and readily available foods to improve their diets and meet nutritional recommendations for cancer prevention Increase the number of health education materials that are presented in culturally appropriate ways 	<ul style="list-style-type: none"> Native CIRCLE catalog inclusion Use satisfaction survey 	<ul style="list-style-type: none"> Native CIRCLE

57	Increase the proportion of AI/AN adults 18 and older who eat at least five servings of fruits & vegetables every day	<ul style="list-style-type: none"> Develop media messages aimed at AI/AN adults to increase their awareness of the importance of eating five or more servings of fruits & vegetables every day 	<ul style="list-style-type: none"> BRFSS 	<ul style="list-style-type: none"> BRFSS
58	Increase the proportion of AI/AN adults 18 and older who meet Healthy People 2010 recommendations for moderate and vigorous activity	<ul style="list-style-type: none"> Increase public awareness of the benefits of physical activity Increase the number of worksites that provide opportunities and policies that promote physical activity Promote physical activity in local communities Encourage communities to provide physical activity opportunities and establish policies that promote physical activity Partner with transportation and land use planners to increase walk-ability and bike-ability of communities Collaborate with faith organizations to increase opportunities for physical activity within their organization and for their entire community Develop and disseminate physical activity materials, including model physical activity prescription forms, for use by health professionals 	<ul style="list-style-type: none"> BRFSS 	<ul style="list-style-type: none"> BRFSS
59	Implement new cancer screening and early detection tests as they become recommended by national organizations	<ul style="list-style-type: none"> Track new screening and early detections test and recommendations 	<ul style="list-style-type: none"> Number of new screening implemented 	<ul style="list-style-type: none"> National Cancer Institute
60	Increase access to appropriate diagnosis and treatment for all cancers	<ul style="list-style-type: none"> Educate PCPs to refer persons for appropriate diagnostic and treatment services Provide transportation to treatment site 	<ul style="list-style-type: none"> Record number of PCPs receiving information Count rides given to treatment facilities Record change in number of persons receiving treatment 	<ul style="list-style-type: none"> Navigator Program records Chart Audit
61	Inform AI/AN cancer patients of the opportunity to participate in clinical trials	<ul style="list-style-type: none"> Determine availability/appropriateness of developing a formal relationship with an NCI designated comprehensive cancer center to assist in areas such as clinical trials. 	<ul style="list-style-type: none"> Number of patients enrolled in clinical trials 	<ul style="list-style-type: none"> NCI clinical trials





62	Develop patient diagnostic and treatment services to reduce the need for cancer patients to travel to multiple locations and healthcare facilities for diagnosis and treatment		
	<ul style="list-style-type: none"> Determine the feasibility of developing a comprehensive cancer center. Support the development of the Oncology Support Program (OSP) to provide primary care and cancer support services for AI/AN who live outside urban areas who remain for cancer care. Incorporate complementary and integrative care into the program Encourage partnerships with in-state and out-of-state healthcare providers when treatment modalities are not available and when a cost/benefit analysis indicates that partnering is appropriate Assist tribal sites with training and physician consulting support so cancer patients can receive care closer to home 	<ul style="list-style-type: none"> Economic analysis Number of partner organizations Examine distance patients travel for care 	<ul style="list-style-type: none"> IHS Chart Audit NTCCP
63	Increase payment coverage of treatment of all cancers		
	<ul style="list-style-type: none"> Educate policy-makers about the importance for government or insurance coverage of costs of treatment of all cancers 	<ul style="list-style-type: none"> Obtain baseline measure of how treatment is paid Number of policy-makers educated about payment coverage 	<ul style="list-style-type: none"> Contract Health Clinic Survey
64	Establish a patient navigation program to ensure timely and efficient cancer care coordination		
	<ul style="list-style-type: none"> Establish a cancer patient tracking system to monitor long-term cancer side effects and recurrence. Identify collaborative and financial means to support establishing a coordinated patient navigation program Provide each cancer patient at the completion of treatment with an “end of treatment” summary 	<ul style="list-style-type: none"> Number of new programs implemented Financial support for programs Patients receiving care summary 	<ul style="list-style-type: none"> Patient navigation programs
65	Create and maintain interdisciplinary palliative care team		
	<ul style="list-style-type: none"> Assess resources available including: physician, nurse, pharmacist, social services, behavioral health, and spiritual support Invite participants from available disciplines Convene regular team meetings Provide training for palliative care team members 	<ul style="list-style-type: none"> Survey of available resources Team roster Meeting schedule Trainings attended 	<ul style="list-style-type: none"> Clinic Protocol
66	Create a palliative plan of care for cancer survivors		
	<ul style="list-style-type: none"> Comprehensive assessment of patient with guidance of interdisciplinary team Education patient and caregiver about the specific cancer and its care Address survivor goals, values, and needs 	<ul style="list-style-type: none"> Patient Care Plan Survey of Patient and Family 	<ul style="list-style-type: none"> Chart Audit

67 Establish a palliative care program to provide support for dying at or near home

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| <ul style="list-style-type: none"> • Implement a modified <i>Helping Hands Program</i> • Develop culturally appropriate advance directives and education programs that adhere to all legal requirements and allow for a “natural” death • Establish a system wide grief and bereavement program • Assist families and clinics in identifying and establishing respite services • Develop culturally appropriate palliative care materials for providers, family members and community members | <ul style="list-style-type: none"> • End of life programs established • Count of those assisted | <ul style="list-style-type: none"> • Survey of Clinics |
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68 Develop a comprehensive survivorship program to support cancer survivors and address issues facing them

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| <ul style="list-style-type: none"> • Educate patients to reduce cancer risks through modification of behavioral risk factors • Maintain an updated cancer patient resource guide and cancer care support kit • Expand spiritual support for patients and families who are away from home for lengthy periods of time • Develop community based support groups working with patients and families of survivors to provide assistance to cancer patients returning home after cancer treatment • Offer training for individuals willing to facilitate cancer support groups. • Conduct a needs assessment of AI/AN cancer survivors • Develop a nutrition guide that recommends traditional and subsistence foods, which can be substituted for standard recommended healthy foods, for AI/AN patients during and after treatment • Collaborate with the Fred Hutchinson Cancer Research Center Survivorship Center of Excellence efforts to establish survivorship clinics | <ul style="list-style-type: none"> • Need assessments conducted • Number of programs established • Patients enrolled in program | <ul style="list-style-type: none"> • Chart Audit |
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69 Increase available support to caregivers of persons living with cancer

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| <ul style="list-style-type: none"> • Provide training to caregivers • Organize a caregivers’ support group • Partner with Cancer Navigator if available | <ul style="list-style-type: none"> • Obtain baseline measure of number of potential caregivers • Survey for knowledge of care giving and quality of life • Number who receive training • Assess for change in knowledge • Number of caregivers who attend the support group • Assess for quality of life | <ul style="list-style-type: none"> • Survey Survivors • Training rosters • Pre/Post test eval |
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