



"Hecel Oyate Kin Nipi Kte -- So That The People May Live"





Great Plains Tribal Chairmen's Health Board



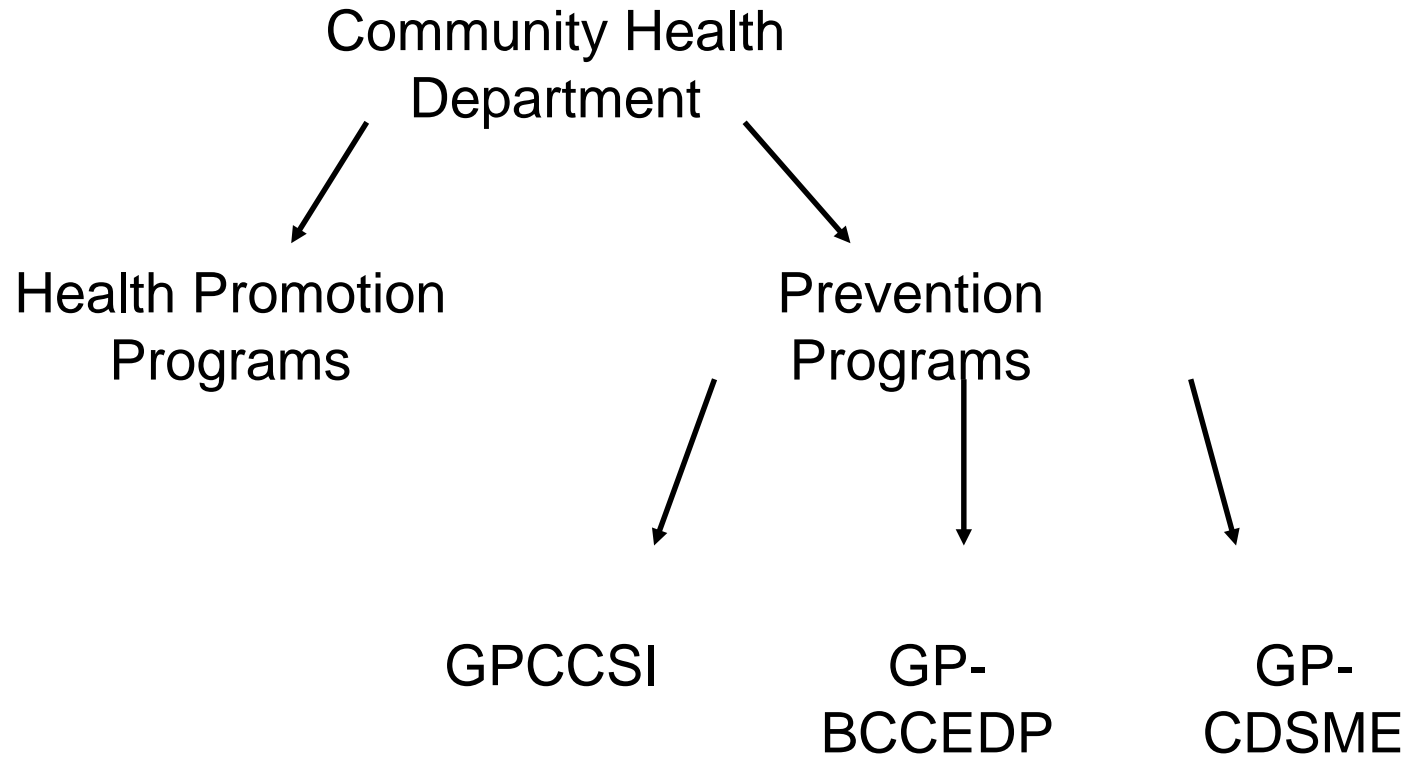
Our mission is to provide quality public health support and health care advocacy to the tribal nations of the Great Plains by utilizing effective and culturally credible approaches.

Statement of Purpose: The Great Plains Tribal Chairmen's Health Board is established to provide the tribal nations in the Great Plains region with a formal representative Board as a means of communicating and participating with the Great Plains Area Indian Health Service and other Health and Human Services entities and organizations on health matters.



Agenda

- Introductions
- GPCCSI
 - Program History
 - Current Efforts
- GP-BCCEDP Background and Implementation
- Program Evaluation of Cancer Screening Programs
- Collaborative Approaches to Cancer Prevention and Control utilizing two programs





Great Plains Colorectal Cancer Screening Initiative

DP15-1502, Project period: 6/30/15 to 6/29/20

Eugene Giago
Patient Navigator



History & Background of Tribe(s) & Program

- The Great Plains Tribal Chairmen's Health Board was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to increase colorectal cancer screening rates within 18 tribes and 20 facilities in a four state region - South Dakota, North Dakota, Nebraska, and Iowa.
- Great Plains American Indian (GPAI) men and women have the highest and second highest cancer incidence rate among all American Indian/Alaskan Native population groups.



Great plains Colorectal Cancer Screening Initiative

Cheyenne River Service Unit

Elbow Woods Memorial (TAT)

Fort Thompson Service Unit

Flandreau Service Unit

Lower Brule Service Unit

Omaha Service Unit

Nebraska Urban Indian Health

Ponca Service Unit

Pine Ridge Service Unit

Rapid City Service Unit

Rosebud Service Unit

Sac and fox Service Unit

Santee Sioux Service Unit

Spirit Lake Service Unit

Standing Rock Service Unit

Trenton Service Unit

Turtle Mountain Service Unit

Winnebago Service Unit

Woodrow Wilson Keeble Memorial (SWO)

Yankton Service Unit



Establish partnerships that support increase of CRC screening.

- Quarterly GP Task Force call. (07/27/17
10/24/17 – 01/11/18 – 04/30/18)
- Collaboration of state CRC programs & stakeholders
- Networking Cancer Symposium
- Established site visits
- IHS & BCCEDP

Great Plains Colorectal Cancer Screening Initiative
Great Plains Colorectal Cancer Screening Task Force
"So that the people may live"

Great Plains Colorectal Cancer Screening Task Force Webinar
April 25, 2018
10:00am MST—11:00am MST
<https://global.gotomeeting.com/join/489436685>
Toll Free: 1-866-899-4679
Access Code: 489-436-685

Please join the Great Plains Colorectal Cancer Screening Task Force for our upcoming teleconference/webinar! Learn about resources, upcoming events, and how you can help raise awareness about cancer screening!

AGENDA

Turtle Mountain Tribal Health Education and IHS Public Health Nursing "Honorable Mention"

March Proclamations & Events

Great Plains Tribal Chairmen's Health Board:
2018 Cancer Symposium

Open Discussion

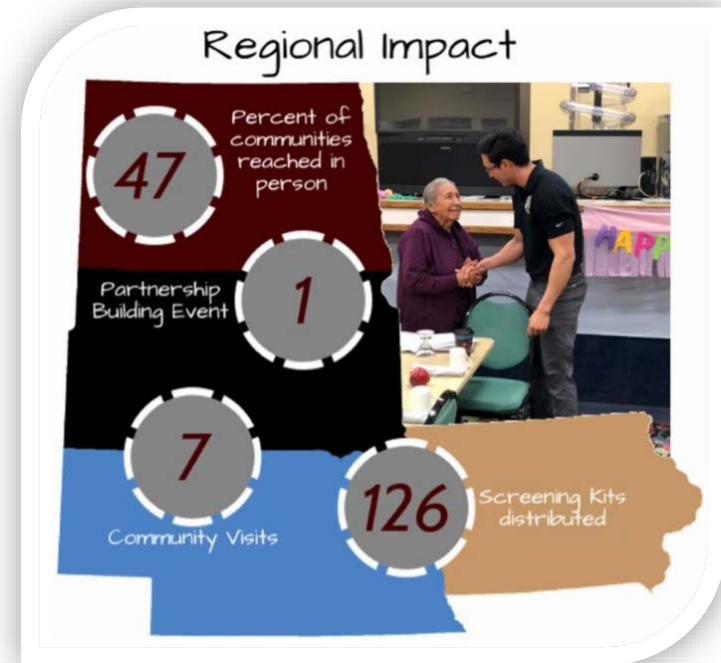
Great Plains Colorectal Cancer Screening Initiative
Great Plains Tribal Chairmen's Health Board
1720 Band Rd | Rapid City, SD 57701 | (605) 224-2921 | www.gplchb.org





Increase high quality CRC screening among Great Plains American Indians (GPAI).

- Sub-contracts implementation of increased CRC rates and EBI's
- Reducing structural barriers
- Annual Flu/FIT
- Education and screening of FIT/FOBT
- Pre/post surveys

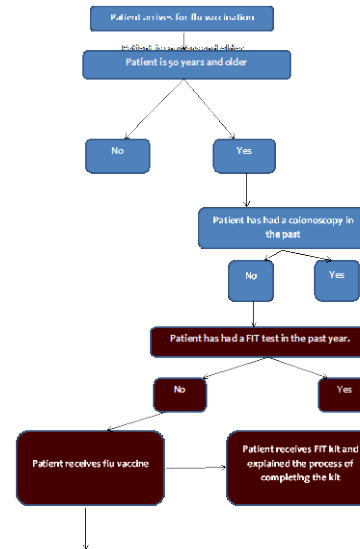




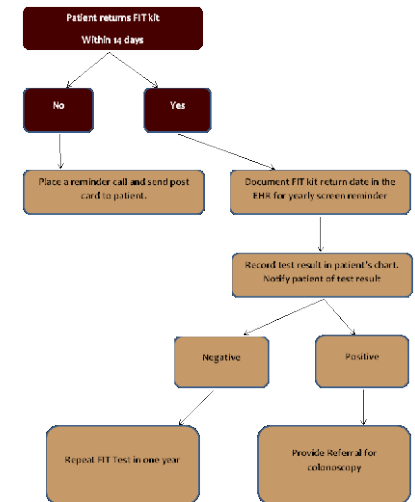
Increased adherence to timely, diagnostic procedures; and Increased rescreening times among patients.

- CRC screening rates have increased across the Great Plains region from 10% to over 20% per facility.
- Increased partnerships with States, Tribes and IHS
- Sustainability

FIT Kit Flow Chart



FIT Kit Flow Chart (Continue)





Increase supporting strategies of EBI's

- **CRC educational materials**
 - Increase of distribution
 - Survivor stories
- **CRC resources**
 - Local and regional partners
- **Increase Technical Assistance**
 - Monthly check-in calls per sub-contract and tribal community
- **Evaluation of Sub-contracts implementation**
 - ACET Inc.
- **Increased community education of all Tribal facilities in the GP region**
 - Rollin Colon (pre/post surveys)
 - CRC 101
 - Distribution of materials





GPCCSI Challenges & Success

Challenges

- Turnover internally
- Turnover in Tribal facilities
- Communication and contacts

Successes

- Increased CRC education
- Implementation of EBI's
- Increased CRC screening rates
- Collaboration between IHS facilities and GPCCSI/BCEDP



Great Plains Breast and Cervical Cancer Early Detection Program (GP-BCCEDP)

Kendra Roland, MPH
Program Manager



National BCCEDP Funding

- 5 Year Cooperative Agreement with the Centers for Disease Control (June 2017 – June 2022)
- BCCEDP Funded Programs are required to provide Direct Clinical/Service Delivery and Health Systems Interventions



GP-BCCEDP Staffing

- Tinka Duran – Program Director
- Kendra Roland – Program Manager
- Terri Rattler – Program Coordinator
- Brenna Lanoue – Patient Navigator
- Data Manager – Vacant



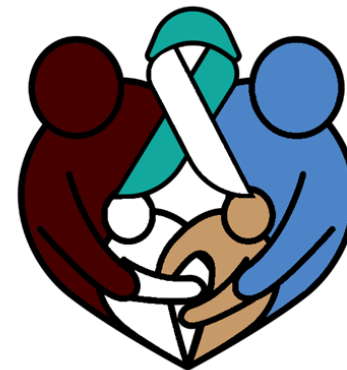
GP-BCCEDP Program Goals

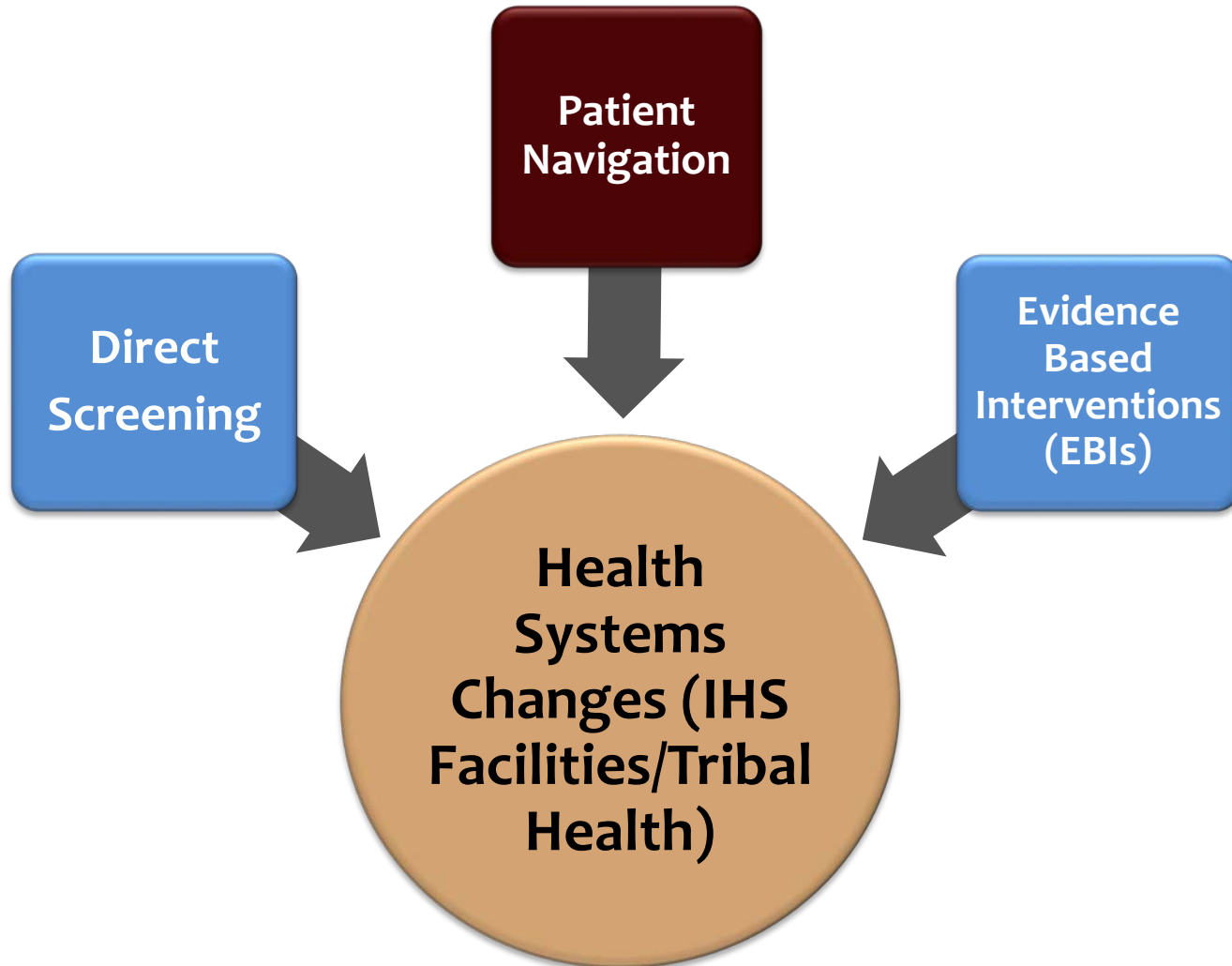
SHORT TERM

- To increase appropriate breast and cervical cancer screenings, rescreening and surveillance among American Indian/Alaska Native Women in the Great Plains Area
- Increase use of evidence based interventions in clinical settings
- Increased healthy lifestyle behaviors to reduce cancer risk
- Enhanced informed decision making around breast and cervical cancer screening

LONG TERM

- Reduce breast and cervical cancer morbidity and mortality among AI/AN Women in the Great Plains Region
- Reduce disparities in breast and cervical cancer incidence and mortality in the Great Plains Regions







GP-BCCEDP Eligibility Criteria:

- Income \leq 250 % of the federal poverty level
- Uninsured or underinsured
- Ages 40-64 years old for breast cancer
- Ages 21-64 years old for cervical cancer

****High priority for women ages 50 and older for breast cancer and for women who have never been screened for cervical cancer****



- Enhance services to increase screening among low income women
- Expand focus on:
 - Patients – remove barriers
 - Health Systems – decrease missed opportunities
 - Communities – increase access and demand

All end points should focus on getting women screened, obtaining diagnostic services, and getting them into treatment, if needed.



Supporting Strategies

- Identifying those hard-to-reach
- Leveraging resources
- Targeting efforts for priority populations



HPV Awareness & Education

Someone You Love : The HPV Epidemic

- Trailer:
<https://www.hpvepidemic.com/trailer>

- 3 Tribal Colleges & 1 Public Screening

- 80+ individuals reached
- 10+ sponsored hours of prevention education
- Public Health Nursing



Someone You Love: The HPV Epidemic Feedback Form

Directions: Please take the next few minutes to complete this survey. Thank you!

1. What is your age in years? _____
2. What is your gender? Female Male Prefer not to answer
3. Please answer the following questions about HPV vaccination.

	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply
A. This film raised my awareness about HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I am more likely to encourage my friends and family to receive the HPV vaccination because of this film.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pap testing to detect cervical cancer is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I will share the information I learned today about HPV and cervical cancer with someone I love.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please write a short response to the following question.

How will this film effect your decision to get screened or to encourage others in your life to receive cervical cancer screenings?



Outreach & Awareness

DID YOU KNOW?

35 women are diagnosed with cervical cancer every day in the U.S.

1 in 1000 women die from cervical cancer every year.

Women aged 21 - 65 should have a Pap test.

30-50 years old

Mammography Saves Lives

57.5 Average age of a Breast Cancer Diagnosis in AIAN Women

49% NIBCC/PAIAN eligible women screened from 8/15/2015

40 Age when women should receive their first mammogram

30% Getting on-time mammograms reduces life stage diagnosis by 30%

cervical awareness health

prevent, provider testing, women, HPV, cancer, Pap, high-risk, adenocarcinoma, common, precancerous, detect, healthcare, resolve, prevention, testing, virus, vaccines, squamous, test, screening, risk, common

NWHW NATIONAL WOMEN'S HEALTH WEEK May 13 - May 19 2018

Now is the time to get a Pap test, example for future generations

Get a Mammogram every 2 years if you are between the ages of 50-74 and of average risk.

Get A Pap Test every 3 years from age 21-64 or every 5 years from age 25-64.

Get An HPV Test every 5 years from age 25-64.

Cancer Death Among Women by Type

Heart disease	22%
Stroke	800
Lung cancer	5,430
Breast cancer	
Colon cancer	
Prostate cancer	
Bladder cancer	
Leukemia	
Myeloid leukemia	
Acute leukemia	
Chronic leukemia	
Other leukemia	
Other cancer	

gatch.org 605-721-8222 book@pzhb.org

Mammogram list

- Wear a 2 piece outfit
- Ask Questions
- Choose an FDA certified mammography site
- Take an over the counter painkiller an hour before to ease discomfort
- Schedule a mammogram during a time when your breast aren't likely to be tender

Great Plains Tribal Chairmen's Health Board
Breast and Cervical Cancer Early Detection Program
2811 Elderberry Blvd
Rapid City, SD 57703
www.gatch.org

WELL-BEING

SPIRITUAL

- Set intentions
- Practice gratitude journaling
- Use affirmations
- Try to do spiritual activities for yourself
- Try to do spiritual activities for others
- Trust in yourself that you are capable of achieving your goals
- Practice being present and aware

PHYSICAL

- Get plenty of sleep
- Engage in regular physical activity
- Practice good nutrition
- Practice good hygiene
- Practice good dental hygiene
- Practice good eye care
- Practice good hearing care
- Practice good skin care
- Practice good hair care
- Practice good nail care
- Practice good foot care
- Practice good hand care
- Practice good mouth care
- Practice good eye care
- Practice good hearing care
- Practice good skin care
- Practice good hair care
- Practice good nail care
- Practice good foot care
- Practice good hand care
- Practice good mouth care

MENTAL

- Practice good mental health
- Practice good emotional health
- Practice good social health
- Practice good spiritual health
- Practice good physical health
- Practice good intellectual health
- Practice good artistic health
- Practice good athletic health
- Practice good musical health
- Practice good literary health
- Practice good scientific health
- Practice good historical health
- Practice good geographical health
- Practice good biological health
- Practice good chemical health
- Practice good physical health
- Practice good intellectual health
- Practice good artistic health
- Practice good athletic health
- Practice good musical health
- Practice good literary health
- Practice good scientific health
- Practice good historical health
- Practice good geographical health
- Practice good biological health
- Practice good chemical health

EMOTIONAL

- Practice good emotional health
- Practice good mental health
- Practice good social health
- Practice good spiritual health
- Practice good physical health
- Practice good intellectual health
- Practice good artistic health
- Practice good athletic health
- Practice good musical health
- Practice good literary health
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- Practice good historical health
- Practice good geographical health
- Practice good biological health
- Practice good chemical health





Women's Health Video

- [18-GPTCHB-0009-General Women's Health-5-13 to 5-19-2018.mp4](#)



Successes and Challenges

- Partnership Building
- Identifying community partners
- Buy-In



Program Evaluation

Stella SiWan Zimmerman
President, Acet Inc.



Evaluation: What is it and How does it work?

- Process of obtaining feedback to better serve people impacted by your project
- Captures the journey of your project
- Involves feedback from others:
 - People impacted by your project
 - People who supported your project (members of your Tribal Advisory Committee, project staff, project partners)
- Honors cultural values and beliefs
- Applies knowledge from the community*

*Indigenous Evaluation Framework



GPCCSI and GP-BCCEDP Subawards

- Funding: colorectal cancer, breast cancer, and cervical cancer screening and early detection
- Project requirements:
 - Evidence-based interventions (EBIs)
 - Meet twice to discuss project progress
 - Complete final 2-3 page report
 - Participate in training activities and project evaluation
 - Share successes and challenges



Evaluation Overview

- Evaluation planning
 - Identify what knowledge you want to gain.
 - Select collection method(s) to provide feedback most important for your tribe.
 - Identify person(s) responsible for collecting data.
- GPCCSI and GP-BCCEDP technical assistance
 - Through conference calls or video webinars.
 - Through review of initial drafts and feedback.
 - Through sharing additional samples or resources by email.



Assessment Tools

1. **Checklist for Increased Screening**
2. Detailed Checklist
3. Checklist for Follow Through
4. Internal Practice Questionnaire
5. Chart Audit
6. Tracking Template
7. GPRA reports



Great Plains Tribal Chairmen's Health Board

Great Plains Colorectal Cancer
Screening Initiative Evaluation Toolkit

Prepared for:
Great Plains Colorectal Cancer Screening Initiative (GPCCSI)

May 2016

Great Plains Tribal Chairmen's Health Board
1770 Rand Road
Rapid City, SD 57702
P. 800.745.3466

GPCCSI is supported by funds from the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention (#1NU58DP006093-01-00) awarded to the Great Plains Tribal Chairmen's Health Board.



Sample EBI

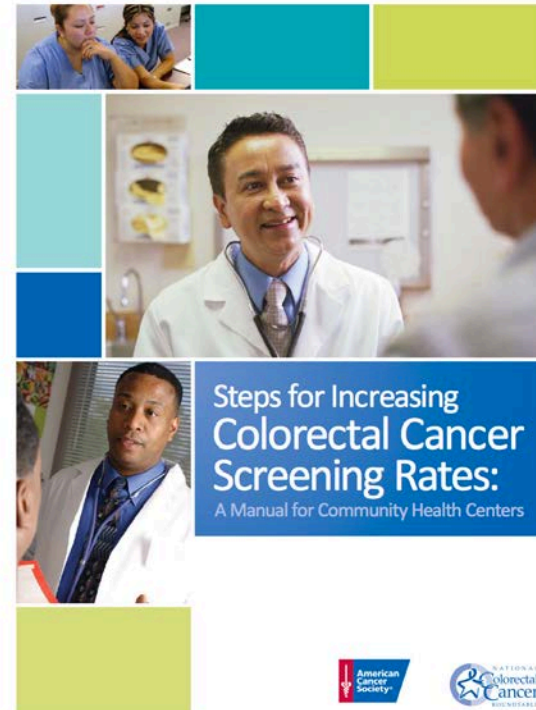
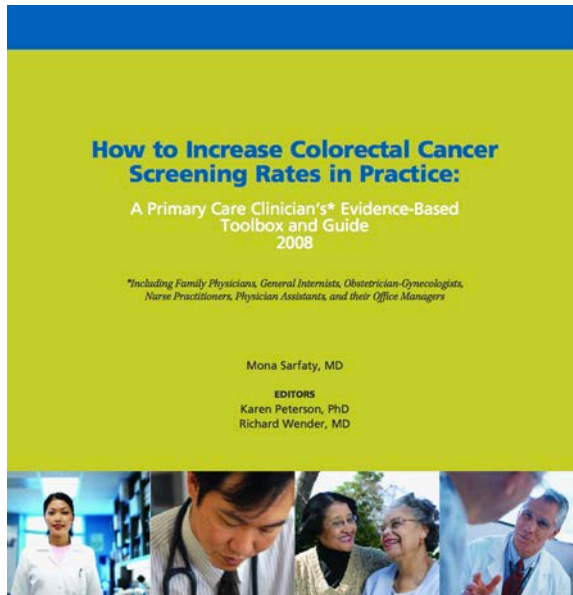
“Provider assessment and feedback interventions both evaluate provider **performance in delivering or offering screening** to clients (assessment) and **present providers with information about their performance** in providing screening performance (feedback).”

“Feedback may describe the performance of a **group** of providers (e.g., mean performance for a practice) or an **individual** provider, and may be compared with a goal or standard.”



Guidance Documents

- Designed for internal clinic use.
- Modeled from two resources:





Checklist for Increased Screening

What does it Measure?	Changes in colorectal cancer screening polices and procedures
Who administers this?	Someone who can answer each line (policies and/or procedures in place, currently offering, etc.)
How can this information be used?	Pre- and post-assessment of colorectal cancer screening office processes
Time commitment	Depends if knowledge is centrally-located (45 to 90 minutes)



Checklist for Increased Screening¹

This tool is for internal clinical purposes. It can be used as a pre-/post-assessment of colorectal screening processes.

Date Completed: Clinic Name:

	Fully in place	In progress	Not yet in place	Notes
Your Recommendations				
1. For CRC cancer screening				
2. For complete diagnostic evaluation when screen is positive				
Quality Improvement				
a. GPRC CRC screening rates				
b. Review dates				
c. Feedback provided (group or individual providers)				
d. Level of comparison				
An Office Policy				
3. Policy Characteristics				
a. Determine individual risk level				
b. Identify local medical resources				
c. Assess insurance coverage				
d. Attend to office implementation				
4. Steps to implement policy in office				
An Office Reminder System				
5. Options for physicians				
a. Chart prompts				
b. Audits and feedback				
c. Ticklers and logs				
d. Staff assignment				
6. Options for patients				
a. Education				
b. Cues to action				
c. Posters and brochures				
d. Reminder postcards and letters				
e. Reminder calls				
An Effective Communication System				
7. Options for action				
a. Stage-based communication				
b. Shared decisions, informed decisions, decision aids				
c. Staff involvement				



Checklist for Increased Screening

State surveys show that 90% of people who reported a physician recommending a CRC screening were screened.



Checklist for Increased Screening¹

This tool is for internal clinical purposes. It can be used as a pre-/post-assessment of colorectal screening processes.

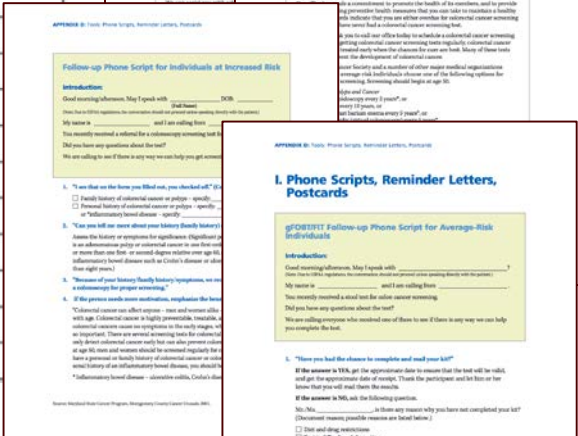
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Your Recommendations				
1. For CRC cancer screening				
2. For complete diagnostic evaluation when screen is positive				



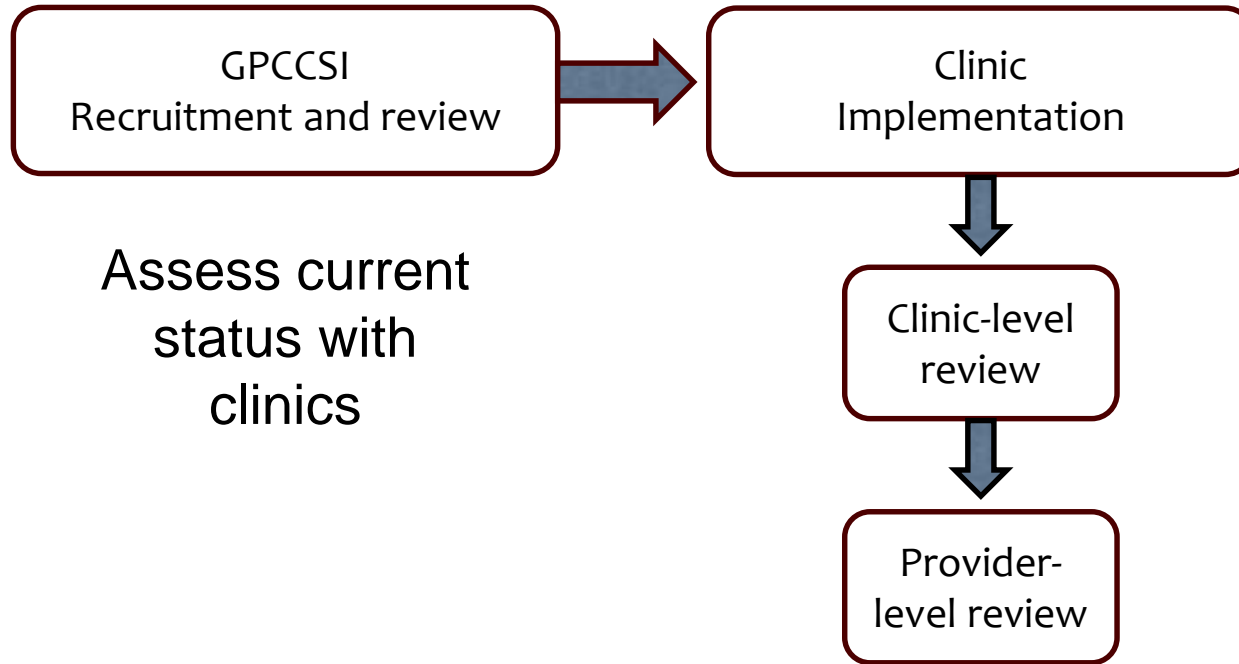
Checklist for Increased Screening

An Office Reminder System	
7. Options for physicians	
a. Chart prompts	
b. Audits and feedback	
c. Ticklers and logs	
d. Staff assignment	
8. Options for patients	
a. Education	
b. Cues to action	
c. Posters	
d. Brochures	
e. Reminder postcards	
f. Reminder letters	
g. Reminder calls	





System in Action





Strategies

- Planning, reminders, and meal orders
- Two facilitators
- Items to include (toolkits highlighted, laptop with PowerPoint and hyperlinks, copies of checklist, pens and highlighters, recorder with permission)
- Agenda topics
 - Introductions and icebreaker
 - What and why
 - How and next steps
- Reflection and debrief



Evaluation Methods

- Surveys
- Subwardee progress reports
- Interviews with subawardees
- Interviews with staff
- Review of GPRA data
- Trainings and technical assistance tracked
- Resource dissemination



Subawardee Feedback

- GPCCSI staff provided support in implementing EBIs
- Materials shared by GPCCSI staff were valuable resources
- Community Grants were instrumental in increasing screening rates
- Challenges were noted in maintaining up to date contact information in patient files and tracking who screening kits were given too

“CRC screening—like I said, it wasn’t the priority that it should have been here, not only with myself as a provider, but the whole medical staff, in general. I think it’s [community grant] 100 percent responsible for our increased screening rates in addition to bringing colon cancer screening to a priority that it wasn’t before.”

"So That The People May Live"



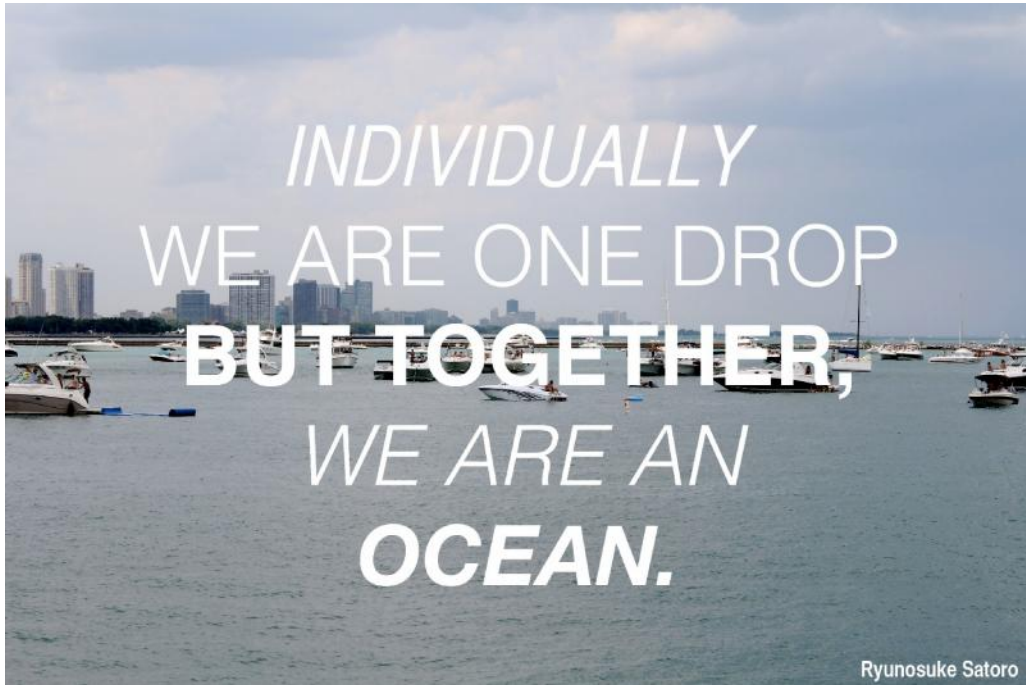
"Hecel Oyate Kin Nipi Kte"

Looking to the Future...

Blending GP-BCCEDP & GPCCSI Initiatives



Blending Cancer Prevention Programs



Coordination and collaboration across cancer programs
*NBCCEDP, CRCCP, NCCCP, NPCR & additional chronic disease programs as appropriate



Community Outreach

Funding for the public health services provided in part by the Centers for Disease Control and Prevention. The funds are provided in various portions through grants or public funds do not necessarily reflect the official position of the Department of Health and Human Services, nor does the inclusion of trademarks, commercial practices, or organizations imply endorsement by the U.S. Government.

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Community Health Prevention Team

Great Plains Tribal Chairmen's Health Board Prevention Team Cancer Prevention Connection

Volume 2
 Issue 3
 March 5, 2018

March Highlights

EIGHTYBY2018
 for more information click here

#SHOWYOURBLUECAMPAIGN
 for more information click here

#STRONGARMSELIE
 for more information click here

Proclaiming March as Cancer Awareness Month

Colorectal cancer (CRC) together, we must have been affected by vulnerable to it. We strive awareness of this disease everyone to take measures doing so, we encourage the proclamation pass Nations to declare March Cancer Awareness Month how you can help pass Colorectal Cancer Sore at 807-751-9323 ext.180.

Local Stories of Screened Cancer Story

As we remember the and uplift those who must realize that we can prevent this disease cancer survivors and together we assist in accounts of courage, even humany, we hope experiences and provide more about Stories and

Mammography Saves Lives

40
 Age when women should start getting mammograms

Mammogram

When a 2-pane result All Questions
 Choose an FDA certified mammography site
 Take an over the counter painkiller on hand before to avoid discomfort
 Schedule a mammogram going time when your breasts aren't fully to be

5.3
 Sponsored hours of prevention education

22
 Attendees at our Cervical Cancer Vaccines

330
 People Reached

GP-BCEDP
 January Report

10
 Referrals signs captured

Regional Impact

47
 Percent of attendees received in person

7
 Community Health

The Chronic Disease Self-Management Education Program (CDSMEP) has again holding [Law Lake](#) training for prevention program staff at the end of March. During this four day interactive training staff learned how to lead a workshop geared toward making healthy choices consistently and managing the chronic disease from the prevention staff.

High Body Fat Levels Are Associated With Breast and Cervical Cancer Research Update

High Body Fat Levels Are Associated With
 Vancouver, B.C., November 8, 2017

Regional Impact

47
 Percent of attendees received in person

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 Community Health

Minority Women May Need to Get Their Mammogram Earlier

Triple-Negative Breast Cancer: Vaccines Trial Now Open

Women's Breast Cancer Research Update

Great Plains Tribal Chairmen's Health Board Prevention Team Cancer Prevention Connection

Volume 2
 Issue 4
 April 9, 2018

Are you interested in speaking with and learning from regional and national cancer prevention experts? Register for the Great Plains Cancer Symposium soon! Seats and travel scholarships are limited! Register Today!

Great Plains Tribal Chairmen's Health Board

Register

Vendor Space Available

For more information contact Debra Ann Soper at 805-721-7939 or dsoper@gpchs.org

Women's Health Week Mailout

405-495 National Oral, Head, Neck, and Cancer Awareness Week

Prevention Newsletter

Cancer in the News and Cancer Prevention Resources

National Cancer Institute Webinars

Currently Running Global Cancer Research

Click image above to enlarge and download as PDF

[f](#) [t](#) [in](#)



2018 Cancer Symposium

- 100+ individuals
- Representation from every tribal community in the Great Plains Region (ND, SD, NE, IA)
- Social Media Campaign → #GPFightsCancer
- Topics Covered: AI/AN Cancer Disparities, Quality Improvement, Survivorship, Colorectal Cancer Task Force, HPV Awareness, Circle of Life, AI/AN Women's Health Cancer Disparities, Chronic Disease Self Management, Wisdom Warriors, Wicozani, Health Literacy



"Screenable" Cancers

The infographic is titled "Screenable Cancers" and is designed with a puzzle theme. It is divided into several sections:

- Defining Screenable Cancer:** Explains that screenable cancers are often detected before symptoms are noticed and are highly treatable when detected early.
- Screening Methods & Recommendations:** Details screening for Colorectal Cancer (Stool Tests, FIT, gFOBT, FIT-DNA, Flexible Sigmoidoscopy, Colonoscopy), Cervical Cancer (Pap Test, HPV Test), Breast Cancer (Mammograms, Digital Mammography, 3-D Mammography), and Lung Cancer (LDCT).
- Screening Recommendations by Age:** A grid showing the recommended screening age for Colorectal, Breast, Cervical, and Lung Cancer based on age and risk factors.

At the bottom, it includes the website gnhb.org, a phone number (918) 605-721-1922, and social media icons for LinkedIn, Facebook, and Twitter.

- What is a screenable cancer?
- Cancers Covered: Colorectal, Cervical, Breast, and Lung
- Screening Recommendations by Age



Screening Efforts

- Health Systems Changes - Evidence Based Interventions
 - Client Reminders for Pap Test, Mammogram, and FIT Test





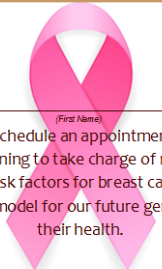
Patient Navigation

- Pledge to get screened!



Join the indigenous women who get screened regularly.

**Pledge to get Screened for Breast Cancer,
Our Next Generation will Follow.**



(First Name)

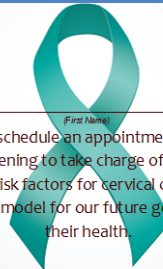
I pledge to schedule an appointment for breast cancer screening to take charge of my health by learning the risk factors for breast cancer. I pledge to be a role model for our future generation and their health.

Great Plains Tribal Chairmen's Health Board
1770 Rand Road, Rapid City, SD 57702
(P) 605-721-1932 | (F) 605-721-1932 | www.gptchb.org



Join the indigenous women who get screened regularly.

**Pledge to get Screened for Cervical Cancer,
Our Next Generation will Follow.**



(First Name)

I pledge to schedule an appointment for cervical cancer screening to take charge of my health by learning the risk factors for cervical cancer. I pledge to be a role model for our future generation and their health.

Great Plains Tribal Chairmen's Health Board
1770 Rand Road, Rapid City, SD 57702
(P) 605-721-1932 | (F) 605-721-1932 | www.gptchb.org



Join the indigenous men and women who get screened regularly.

**Pledge to get screened for Colorectal Cancer,
our next generation will follow.**



(First Name)

I pledge to schedule an appointment for colorectal cancer screening.
I pledge take charge of my health by learning the risk factors for colorectal cancer.
I pledge to be a role model for our future generations and their health.

Great Plains Tribal Chairmen's Health Board
2611 Elderberry Blvd, Rapid City, SD 57703
(P) 605-721-1932 | (F) 605-721-1932 | www.gptchb.org



Cancer Screening Leave Policies

Is anyone aware of any current policies in their Organizations or elsewhere that offer paid leave for individuals to obtain cancer screenings?



Successes & Challenges of Blending Programs

SUCCESSSES

- Internal Team Growth
- Partnership Building
- Broader Reach
- Building on Previous Successes and Relationships
- Leveraged Resources

CHALLENGES

- Capacity Building
- Different Grant Deliverables
- Different Target Populations (e.g. Demographics)
- Stakeholders & Partnerships

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

Resource Sharing





Thank you

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD (GPTCHB)

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Rapid City, SD 57703

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Email: info@gptchb.org