

Table 2: Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region E

Area of Focus	Planned Action Steps	Stages of Change and Successes	Challenges
Systems	<ul style="list-style-type: none"> • Improve data reporting systems and internal sharing of data between departments at Fond du Lac • Work with Fond du Lac administrative services and the medical clinic to make sure any referral forms sent to outside agencies have correct information regarding race. This leads to truer percentages regarding Native American information at the state level • Human Services Advisory board will bring forth a plan to the tribal council to direct Human Services Division administration and upper management to increase data sharing among Fond du Lac and also with outside agencies 	<p>Stage of change: Getting ready</p> <ul style="list-style-type: none"> • Established baseline data and quality measures for AICAF’s “I Quits” program tailored to Fond du Lac, which will help demonstrate program effectiveness. One program activity is to increase referrals to smoking cessation counselors 	<ul style="list-style-type: none"> • Uncertainty with and timing of funding with next CDC FOA
Collaboration	<ul style="list-style-type: none"> • Have initial discussions with primary department leaders in medical, community health services and administrative services to develop a cancer leadership team • Develop a plan to present to upper level management such as the human services division associates and directors regarding the importance of forming a leadership team • Form a leadership team with staff from specific Fond du Lac Human Services Division departments to continue the successes with the cancer program 	<p>Stage of change: Not ready</p> <ul style="list-style-type: none"> • Communicated with department leaders in medical, community health services and administrative services to develop a cancer leadership team 	<ul style="list-style-type: none"> • Several advisory members retiring • Uncertainty with and timing of funding with next CDC FOA
Policy	<ul style="list-style-type: none"> • Hire a smoking cessation counselor • Support the Clearway program and the smoking cessation program by integrating it into MCH and Social Services programs such as moving forward with smoke free foster homes and increasing referrals to smoking cessation • Increase cooperation and partnerships between the clinic and the tobacco programs 	<p>Stage of change: Maintaining and evaluating activities</p> <ul style="list-style-type: none"> • Hired one smoking cessation counselor, who is working closely on cancer program outreach and smoke-free and second-hand smoke initiatives with ClearWay • Passed tribal ordinance, which mandates that foster care homes and transportation vehicles for children must be smoke-free • Increased tobacco-free ordinances around tribal offices except for casinos. One casino has become 100% smoke-free • Organized a smoke-free community gathering sponsored by law enforcement 	<ul style="list-style-type: none"> • Continuing to promote smoke-free policies

Table 3: Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region F

Area of Focus	Planned Action Steps	Time Frame	Stage of Change and Successes	Challenges
Policy and health system	<ul style="list-style-type: none"> Review policies and procedures that are in place for patient care to increase screenings and decrease the no-show rate 	Quarterly and annually	Stage of change: Maintaining activities <ul style="list-style-type: none"> Implemented new patient care policies and procedures to increase screenings and decrease no-show rates for colposcopies Currently maintaining activities 	None specified
Systems	<ul style="list-style-type: none"> Pull reports of number of screened patients, education, diagnosis code, etc. 	Quarterly and annually	Stage of change: Currently implementing activities <ul style="list-style-type: none"> Implemented a new EMR software that provides more accurate reports on cancer screening data Currently working to create a report that automatically generates and sends data to investigators 	<ul style="list-style-type: none"> Took 11 months to transition to the new EMR system. The clinical environment has therefore been stressful The EMR is primarily built for business purposes, and not necessarily to improve screening and patient care
Environmental (Outreach, communication and messaging)	<ul style="list-style-type: none"> Contact program managers developing a plan Conduct trainings Develop messages and use evidence-based interventions 	Oct. 2017 Annually	Stage of change: Getting ready <ul style="list-style-type: none"> Currently getting ready to implement planned activities 	None specified

Table 4: Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region H

Area of Focus	Planned Action Steps	Time Frame	Stages of Change and Successes	Challenges
Systems	<ul style="list-style-type: none"> Investigate various software systems As the IHS IT system does not help with reminder and billing issues, customize and implement new software that does 	1-2 years	<p>Stages of change: Getting ready / maintaining activities</p> <ul style="list-style-type: none"> Cheyenne River initiated conversation with IT department and are getting ready to turn on the customized reminder system Great Plains Tribal Chairmen’s Health Board worked with IT systems and reminder systems at the colorectal cancer facility 	<ul style="list-style-type: none"> It can take time to transition to a new IT system and train staff. Scaling up is the next challenge
Policy: Tobacco	<ul style="list-style-type: none"> Tax compact with state to include e-cigarettes Update policy to include e-cigarettes Increase awareness of e-cigarettes Communicate with CDC’s Office of Smoking and Health Partner with Food and Drug Administration (FDA) representatives 	1-2 years	<p>Stages of change: Not ready / currently implementing activities”</p> <ul style="list-style-type: none"> Cheyenne River worked with the Canli Coalition to introduce cigarette tax compacts and update policy and ordinance to include e-cigarettes Efforts to increase awareness e-cigarettes underway Incorporated the 5 A’s of tobacco cessation in services Trained 300 people on state quitline and National Indian Network quitlines, which increased referrals from 19% to 49.5% Tobacco Health Educator working on communication and education efforts under the CDC Good Health and Wellness program 	<ul style="list-style-type: none"> Policies restricting e-cigarettes may not happen in the 1-2 year timeframe. Waiting on the state to set precedence of increasing age of sales of e-cigarettes to 21 Policy change is hard and takes time
Environment: Physical activity and nutrition	<ul style="list-style-type: none"> Increase the number of walking paths Build funding opportunities Create awareness for a lifestyle of healthy exercise and nutrition in schools Youth diabetes management Special diabetes management Walking class 	1-2 years	<p>Stages of change: Currently implementing / maintaining and evaluating activities</p> <ul style="list-style-type: none"> Youth Diabetes Program at Cheyenne River has been given an award Conducted health fairs and powwows with adults and children, where they measure blood pressure and glucose levels and pass out health information Adapted and implemented CDC’s PSE Change Tool and developed a community action plan to tackle tobacco, nutrition and physical activity Reached about 500 youths though community events, where they educated youths on the importance of physical activity (funded by PICH grant) Created media consent forms to promote physical activity using social media and newspapers Planned the creation of a video of students being physically active Working with Special Diabetes Program that organizes physical activity and healthy eating challenges Instituted physical activity-leave, a type of administrative leave at the Tribal Health Department 	<ul style="list-style-type: none"> Funding is needed to organize a survivorship support group Funding to create walking paths is limited

Table 5: Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region I

Area of Focus	Planned Action Steps	Time Frame	Stages of Change and Successes	Challenges
Colorectal cancer screening	<ul style="list-style-type: none"> • Educate Chief Medical Officers, Chief Executive Officers (CEOs), clinics and lab directors • Educate providers on FIT • Educate IHS administration and clinic staff • Educate Tohono O’Odham Nation health department management 	1 week 4 weeks 8 weeks Ongoing	Stages of change: Getting ready / currently implementing activities <ul style="list-style-type: none"> • Identified ownership and provided tribal language for education materials and PSAs on local radio stations about colorectal exams • Worked with IHS to assist clients who may need colorectal cancer screening using patient navigation • Created sub-committee of Tohono O’Odham Cancer Partnership to educate the population on FIT tests 	<ul style="list-style-type: none"> • Time constraints and limited staff capacity • Changes in health department structure at Tohono O’Odham
Breast cancer screening in Navajo Nation	<ul style="list-style-type: none"> • Meet with the Breast and Cervical Cancer Prevention Program acting Director and create a road map • Solicit CEO approval and educate • Train medical providers • Follow-up service unit by service unit 	3-4 weeks 8-12 weeks Sep. 2016 6 months	Stage of change: Ready <ul style="list-style-type: none"> • Clarified MOU agreement for breast cancer screening • Confirmed GIPRA standards have been met 	<ul style="list-style-type: none"> • The CEO of the medical facility is new, which can affect whether the MOU remains or amendments or revisions will be made
Breast cancer screening for the Hopi community	<ul style="list-style-type: none"> • Review the Memorandum of Understanding agreement • Educate on program and program requirements • Talk with the CEO and Medical Director • Include clinical breast examination trainings at the November Tribal Collaborative 	1 week 4-6 weeks 6 weeks Nov. 2016	Stage of change: Ready <ul style="list-style-type: none"> • Ready to review MOU for breast cancer screening • Breast surgeon spoke at the November Tribal Collaborative conference 	<ul style="list-style-type: none"> • Conflicting recommendations from various organizations regarding clinical breast examinations • Limitations with CDC funding being used to screen IHS employees

Table 6: Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region J-1

Area of Focus	Planned Action Steps	Time Frame	Stages of Change and Successes	Challenges
Access to services	<ul style="list-style-type: none"> • Develop employee wellness opportunities • Offer employee time off for screenings • Develop a Wellness Committee recognized by management 	Aug./Sep. 2016	<p>Stage of change: Getting ready to currently implementing activities</p> <ul style="list-style-type: none"> • Working on developing a Wellness Committee recognized by management • Approved Wise Women in Women’s Health program that gives discounts to the swimming pool to consortium members and women • Presented recommendation for employee time off for colonoscopies to executive management committee 	<ul style="list-style-type: none"> • Hard to get organizations to allocate funding towards employee wellness with limited budgets and high turnover
Recruitment and retention	<ul style="list-style-type: none"> • Partner with schools: high schools, colleges and professional schools • Offer focused trainings for providers • Identify opportunities for cross-training 	Aug./Sep. 2016	<p>Stage of change: Getting ready to currently implementing activities</p> <ul style="list-style-type: none"> • Partnering with University of Alaska that has a program to provide in-home support and looking to create online courses on patient navigation as a framework for “peer navigators” or “home navigators” • Working with medical, nurse practitioner and physician assistant students to do monthly rotations in Alaska • Identified behavioral health as an opportunity for cross-training • Working on educating local providers to leverage their screening services • Looking to replicate the process with colorectal cancer resources, so Dr. Brooks visited to inform that effort 	<ul style="list-style-type: none"> • High turnover in rural areas • Unique service area and geography
Continuity of services; linking prevention to care	<ul style="list-style-type: none"> • Utilize unique partners • Use updated technologies (mapping) • Strengthen comprehensive cancer control, breast and cervical cancer and colorectal cancer partnerships statewide 	Aug./Sep. 2016	<p>Stage of change: Currently implementing activities to maintaining or evaluating activities</p> <ul style="list-style-type: none"> • Identified and built relationships with unique partners • Mapped breast and cervical cancer screening resources • Built unique partnerships such as the Young Women’s Christian Association 	<ul style="list-style-type: none"> • Partnership can be difficult to build because they don’t have the same focus • Unique service area and geography

Table 7: Summary of overarching policy, systems and environmental priorities and planned action steps during the summit and reported stages of change, successes and challenges six months later by Region J-2

Area of Focus	Planned Action Steps	Time Frame	Stages of Change and Successes	Challenges
Tobacco cessation for survivors	<ul style="list-style-type: none"> • Improve community messages for survivors to quit smoking • Talk with clinic providers to gain support • Create a one-page cheat sheet regarding smoking cessation for survivors • Contact the American Society of Clinical Oncology about adapting provider and patient materials • Support cancer plans • Identify survivors and increase referrals to diabetes, MIC and other programs • Reach out to tribes about cancer survivors who smoke • Identify survivors that smoke 	Not provided	Stage of change: Not ready <ul style="list-style-type: none"> • Worked on smoking cessation resources in general 	<ul style="list-style-type: none"> • High rates of tobacco • Focusing on smoking cessation specifically among survivors is not a priority, given the high prevalence and need among the general population • Cancer centers do not have surveillance systems on survivors and smoking • Cancer centers and clinics do not have community-based cessation resources
Survivor groups	<ul style="list-style-type: none"> • Convene groups covering women’s issues • Cancer survivor group • Collaborate with local tribes 	Not provided	Stage of change: Getting ready <ul style="list-style-type: none"> • Planned a big women’s health event and training for providers and community health representatives and nurses for spring 2017 • Connected tribal programs to survivorship programs, cancer centers and resources 	<ul style="list-style-type: none"> • None reported
HPV vaccinations	<ul style="list-style-type: none"> • Male immunizations • Develop HPV education with tribal input 	Not provided	Stage of change: Getting ready <ul style="list-style-type: none"> • Funded to conduct focus groups with community members for HPV immunization interventions at pharmacies 	<ul style="list-style-type: none"> • Staffing changes with partner organizations such as pharmacies • Limited time