

Miccosukee Tribe of Florida



COLORECTAL CANCER SCREENING

SORAB BOGA MPH

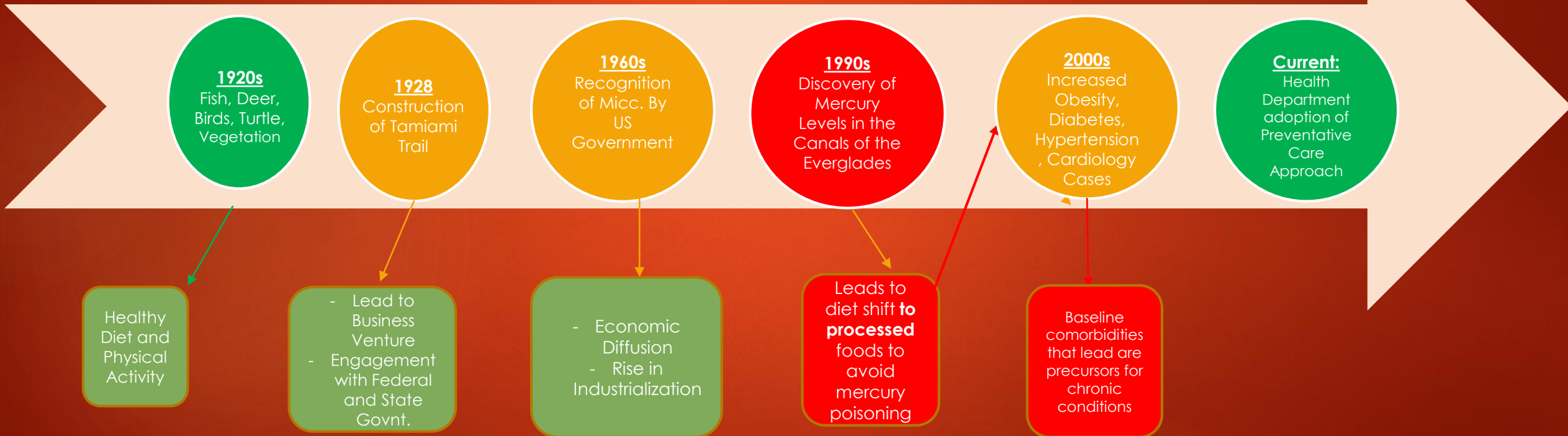
HEALTH PLANNER

Understanding Generational History and Change

- ▶ Originally from the Creek Nation (1800s) and established themselves as an individual entity of about 100-150 individuals through the 1920s.
- ▶ Construction of Tamiami Trail Highway (East-West) in 1928 which opened the Tribe to New World Concepts.
- ▶ In 1959, in order to place pressure on US Federal Govnt, Tribal Leadership traveled to Cuba in an attempt to gain international recognition from Cuban leader Fidel Castro who obliged. This lead to the Tribe gaining Sovereign country status within the United States.
- ▶ 1962 Miccosukee Constitution was approved and Tribe gained domestic dependent nation status with the US Government.

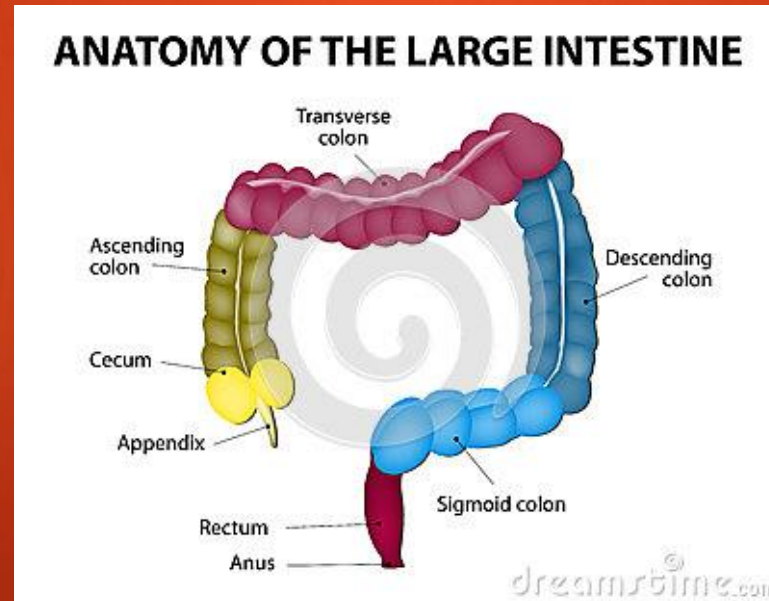
Historical Change

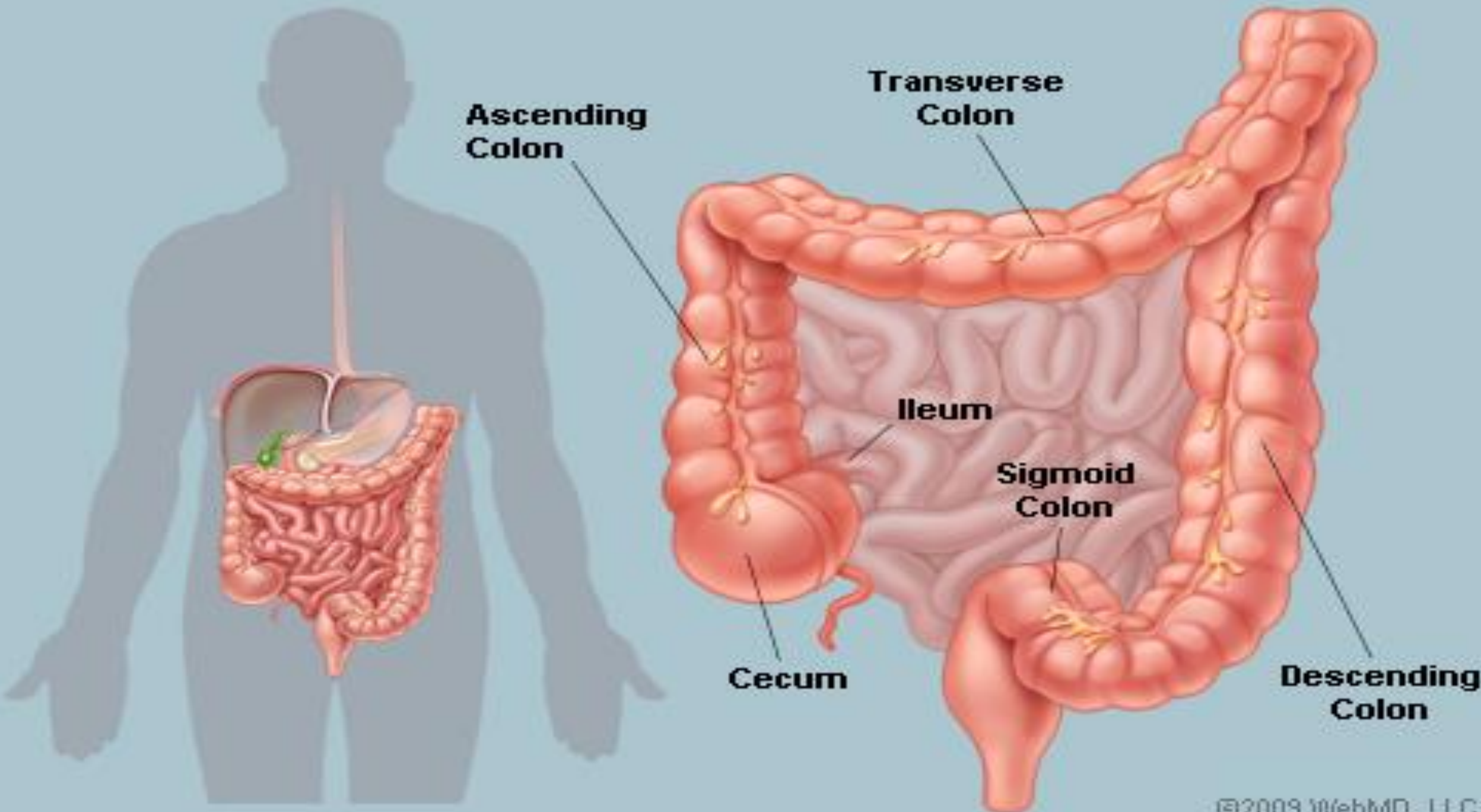
- ▶ While modernization was beneficial economically, environmentally there were other things at play:



Anatomy Overview

- ▶ Colon – Tubular Muscle about 6 feet long which connects the small intestine to the rectum.
- ▶ Large Intestine = Colon + Rectum
 - ▶ Key role is to process waste so that excretion is manageable.
 - ▶ Removal of water and storage of solid waste occurs here until excretion.





**Ascending
Colon**

**Transverse
Colon**

Ileum

**Sigmoid
Colon**

Cecum

**Descending
Colon**

Disease Process

- ▶ The cancer develops when the cells that line either the Colon or the Rectum grow at an unregulated rate creating a tumor.
- ▶ Cancer that grows in Colon = Colon Cancer
- ▶ Cancer that grows in Rectum = Rectal Cancer
- ▶ Both = Colorectal Cancer

Potential Increased Risk Factors

- ▶ Diet (Heavy in Fats and Red Meats and Processed foods)
- ▶ Irritable Bowel Syndrome (IBS) or related diagnoses such as Crohn's, Diverticulitis.
- ▶ Age
- ▶ Family History of Colon Cancer
- ▶ Genetic Syndromes:
 - ▶ Adenomatous Polyposis
 - ▶ Lynch Syndrome
- ▶ Heavy Alcohol use and smoking



Colon Polyps

Small growths on the inside lining of the colon or rectum are fairly common in middle-aged and older adults, and often don't have noticeable symptoms. Although the vast majority of polyps are benign (noncancerous), nearly all colon cancers begin as polyps.

TYPES OF POLYPS:

Hyperplastic polyps result from an abnormal increase in the number of cells, and generally occur in the left (descending) colon and rectum.

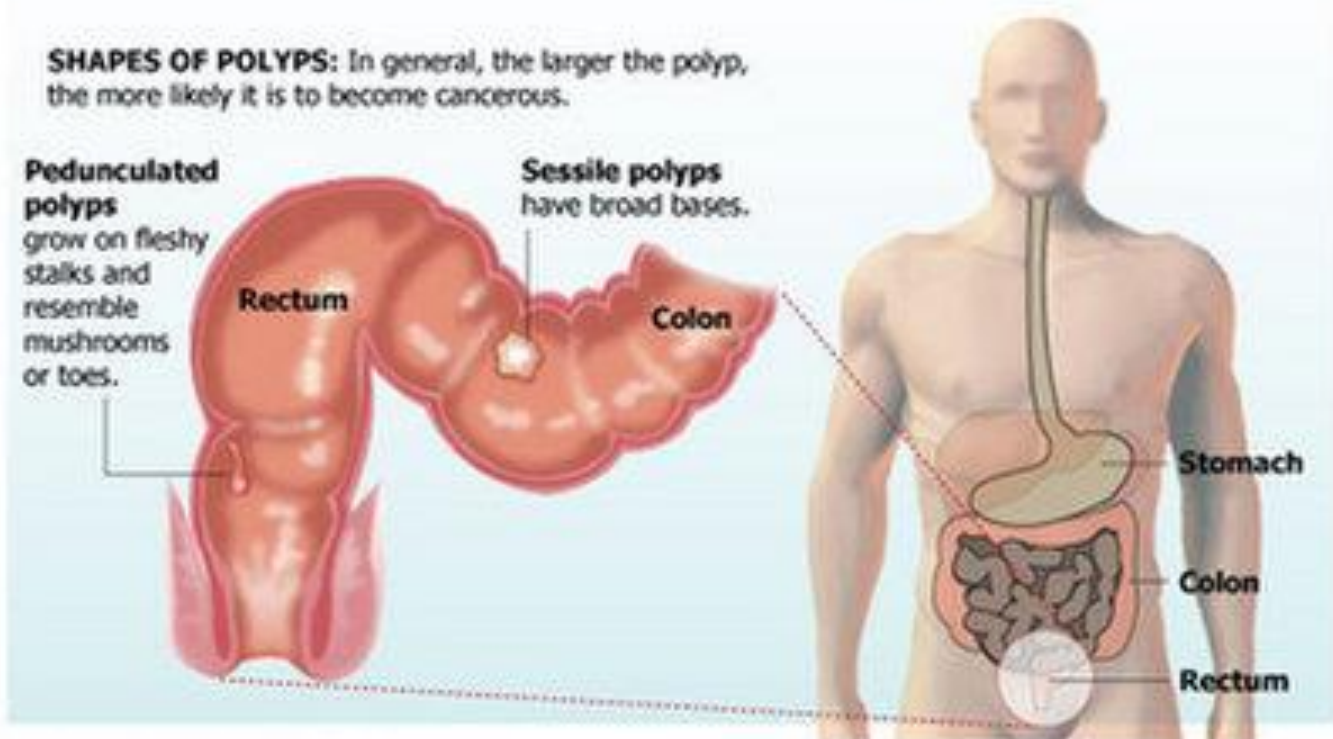
Adenomatous polyps (adenomas) are divided into three subtypes based on their features: villous (hairy), tubular and tubulovillous.

Inflammatory polyps usually result from ulcerative colitis and are not a cancer risk, although they can increase the risk for colon cancer.

SHAPES OF POLYPS: In general, the larger the polyp, the more likely it is to become cancerous.

Pedunculated polyps grow on fleshy stalks and resemble mushrooms or toes.

Sessile polyps have broad bases.



Recommendations for High Risk Populations

- ▶ Screening for patients with positive family history
 - ▶ Colonoscopy at age 40
- ▶ Positive for IBS:
 - ▶ Colonoscopy every 2 years starting twelve to fifteen years after start of left sided colitis.

How Miccosukee Tribe

- ▶ Through Community Events Health Department Staff are able to connect with the Community Members and diffuse knowledge in an engaging way.
- ▶ Conduct routine chart reviews through Case Management department and reach out to patients on an individual basis.
- ▶ Approach Patient Care Coordination as an opportunity for different medical specialties to provide input on patient case, thus yielding the best roadmap for the patient.
- ▶ Create open space free discussion environments through outreach for targeted groups such as Men's Day.

Patient Care Coordination

- ▶ Vital for big picture view on the patient
- ▶ Take into account Family History
- ▶ Diet
- ▶ Access to healthy lifestyle
- ▶ Health Education

Incorporate different departments in PCC planning meetings to ensure that wide angle concerns of patient are addressed.

Take Advantage of Community Health Events

- ▶ Conduct Chart Review and brief screening of patient.
- ▶ Work out a schedule with patients at the event to see outside specialty providers for follow up.
- ▶ Conduct recurring chart review post event to track patient status through the healthcare process making use of entire collaborative team.

Case Management

- ▶ Utilize a collaborative patient Tracking Tool.
 - ▶ Simple Solution: *Microsoft Word*
- ▶ Will help facilitation collaboration:
 - ▶ Use of Medical Share Drive (Beware of HIPAA Policies)



