

# A Guide for Conducting Listening Sessions to Create Tailored Messages About Colorectal Health for American Indian and Alaska Native Communities

**LISTEN**

**EMPOWER**

**CO-CREATE**



**NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS**  
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*Support for this work is provided by the National Association of Chronic Disease Directors, through a cooperative agreement funded by the Centers for Disease Control and Prevention. The contents of this guide are solely the responsibility of the authors and do not necessarily represent the official views of the National Association of Chronic Disease Directors, or the Centers for Disease Control and Prevention, or the Department of Health and Human Services.*

## Dedication

This Listening Session guide pays reverence to the Indigenous ancestors and communities whose timeless knowledge and sacred traditions have nurtured the health, wellness, and thriving of Indigenous peoples since the dawn of time.

Their profound insights, passed down through generations, have been a wellspring of strength and resilience.

We honor the enduring legacy of those who came before and those who uphold these precious teachings today. May their eternal wisdom light the path forward.

**PART**

**1**



# Introduction

# The Importance of Community Involvement in Health Messaging

This is a guide for public health programs looking to develop tailored messages to increase colorectal cancer screening among American Indian and Alaska Native (AI/AN) communities. By considering specific cultural considerations, such as community dynamics, language preferences, or healthcare trauma, the guide seeks to address barriers to health communication and build upon the existing strengths and commitment to health in the AI/AN communities. By incorporating stories or messaging from the community that highlight culture and resilience, health communication can be tailored to improve health behaviors such as accessing preventive health screenings.

When individuals see themselves reflected in health messages, they are more likely to take proactive steps to improve their health.<sup>1</sup> In addition, recognizing the specific cultural, social, historical, linguistic, geographical and economic context of each tribal community allows for the creation of materials that are uniquely effective for that community.<sup>2-5</sup>

These cultural characteristics should inform the development of tailored health communication tools that will resonate more effectively and allow communities to feel empowered to take control of their health.



This guide provides details on how to implement a community engagement session, also known as a **Listening Session**. It is designed to help public health programs learn from Indigenous populations about barriers and gaps in care (**listen**), share health information in a collaborative way (**empower**), and develop messages and materials that resonate with and motivate community members to take control of their own health (**co-create**).

This engagement process is flexible, adaptable, and designed to foster inclusivity and equity by ensuring that the community voices are valued. By incorporating input from community members at every stage of messaging development, from the creation of the messages to decisions about how they're shared with the community, the approach aims to cultivate a sense of ownership and empowerment among participants, thus maximizing the impact of the messages.

Additionally, it fosters collaboration between community leaders, healthcare providers, and community members to collectively address health challenges and promote wellness initiatives tailored to the specific needs and priorities of the community.



**Stories are often used in Indigenous societies as a teaching tool. Stories allow listeners to draw their own conclusions and to gain life lessons from a more personal perspective...stories allow us to see others' life experiences through our own eyes.**

**– S. Wilson, Indigenous Researcher**

**We don't talk about cancer, and we don't talk about our bodies. It's hard to find the right words. Sometimes we are embarrassed to talk about our body parts. Being embarrassed can be a matter of life or death. My Dad died of colon cancer. We need to talk about various health topics with family members and to educate one another.**

**– Community Health Worker**

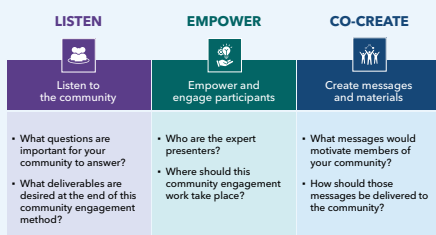


In this guide, we focus specifically on conducting Listening Sessions to promote and increase colorectal cancer (CRC) screening within tribal communities by incorporating local and culturally relevant messages and images into CRC educational materials.

CRC is one of the leading causes of cancer-related death in the United States and disproportionately affects AI/AN individuals. When compared to individuals in most other communities, AI/AN individuals are more likely to get CRC and more likely to die from CRC.<sup>6-8</sup> Furthermore, there are regional differences in CRC outcomes among AI/AN communities in the U.S. AI/AN individuals in Alaska have the highest CRC incidence rates of U.S. tribal and racial groups, and are among the populations with the highest CRC incidence rates globally.<sup>7,9</sup>

The persistent disparities in CRC outcomes among AI/AN populations across the U.S. compared to other groups highlight the need to improve health systems and interventions serving AI/AN communities. Appropriately tailored CRC screening interventions can resonate with tribal community members, recognizing that tailored interventions are just one facet of addressing these disparities.

## This guide includes:



### An Overview

of how to conduct a Listening Session using the Listen, Empower, Co-Create (LEC) approach to engage tribal partners and communities

### Partner Spotlights

that demonstrate successful implementation of the Listening Session in two tribal communities from different regions of the United States

### Sample Materials

and tailored messages co-created by AI/AN tribal members in prior Listening Sessions

# Who Should Use This Guide?

The intended audience for this guide is public health program leadership working to address CRC screening and awareness in AI/AN tribal communities.

These individuals can champion this community engagement process to create and promote tailored CRC screening messages for the community. Key characteristics of champions include:

## **Cultural Competence and Trust**

Champions may share the same cultural background as the communities they serve, which enables them to understand and respect local customs, beliefs, and languages. The trust they have earned in their communities enables them to know when and how to best approach sensitive health topics like CRC screening.

## **Understand Local Health Beliefs and Practices**

Champions should be familiar with the specific health beliefs and practices of their community. Using this knowledge, champions can bring together community members and others who can tailor messages that correct misinformation and emphasize the importance of screening in a way that resonates with community values and beliefs.

## **Experience with Community-Specific Barriers**

Understanding the unique barriers a community faces in accessing healthcare, including CRC screening, is essential for helping overcome those challenges. These could include logistical challenges, financial constraints, language barriers, or reluctance due to past negative experiences with the healthcare system.

## **Feedback and Adaptation**

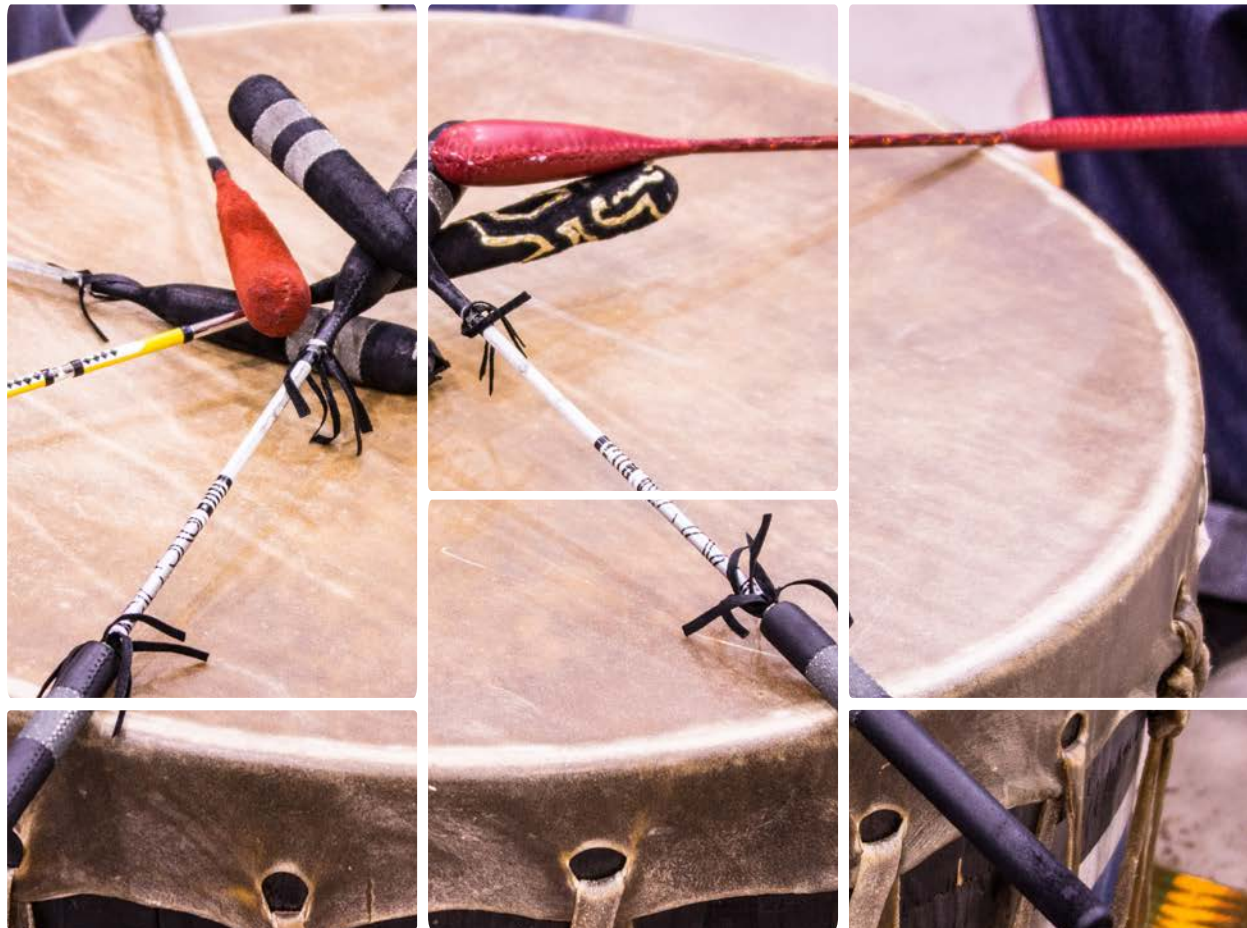
This feedback is crucial for adapting and refining health messages to ensure messages remain relevant and effective over time. Champions' close connections with their communities allow for continuous improvement of the messaging strategy based on real-time feedback.

Organizations or health professionals who are not part of tribal communities but would like to work on tailoring CRC screening messages should partner with trusted members of the tribal community. Such a collaboration could enhance cultural sensitivity and communication effectiveness, build trust, foster community engagement, and lead to more tailored and sustainable health strategies.



**PART**

**2**



**Listen, Empower, Co-Create (LEC)**

## What Is a Listening Session?

The Listening Session consists of expert presentations, brainstorming opportunities, and interactive small group sessions to develop community-centered messaging and materials. Additional sessions are offered to continue the refinement of materials based on feedback from community members participating in this approach.

The Listening Session methods described here were adapted from a validated, community-based participatory approach known as boot camp translation (BCT).<sup>10</sup> The BCT method, originally developed by the Colorado High Plains Research Network, empowers communities to address local health challenges by bringing together community members and organizational partners.

This approach “transforms formal medical information and language into a format that is accessible, understandable, meaningful, and engaging to community members, and then uses that construct as the basis for a community-wide campaign”.<sup>10</sup> The original BCT process requires 20 to 25 hours of participant involvement over 4 to 12 months.<sup>10</sup> A typical schedule includes a full-day retreat followed by two to three additional 2- to 4-hour in-person sessions, interspersed with four to eight 30-minute phone calls.<sup>10</sup> BCT findings are not intended to be generalizable to the larger population but rather tailored to the specific needs of local communities.

**A Listening Session** is a community engagement process to help community leaders and champions learn from Indigenous populations about barriers and gaps in care (**listen**), share health information in a collaborative way (**empower**), and develop messages and materials that resonate with and motivate community members to take control of their own health (**co-create**).

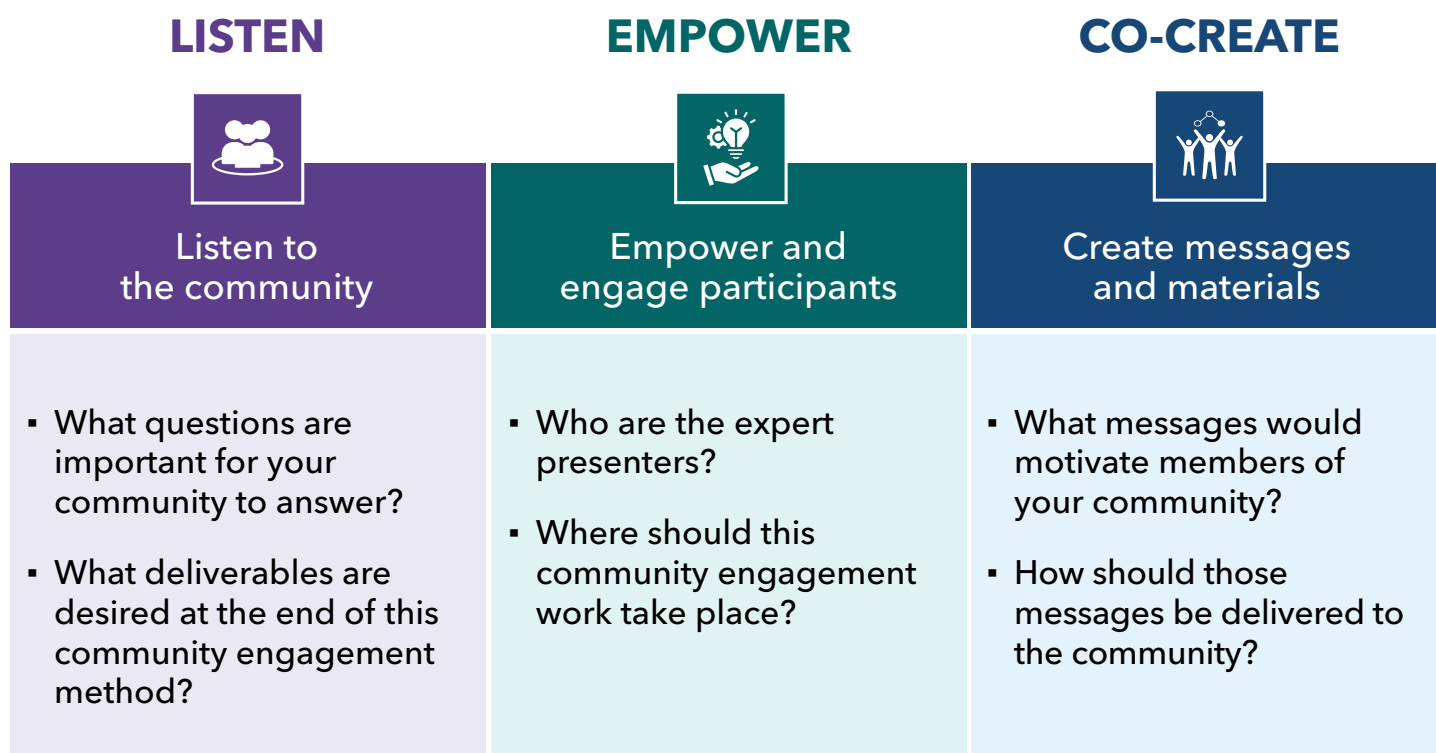


The adapted Listening Session method was developed by researchers at the Kaiser Permanente Center for Health Research (CHR) over years of conducting BCT research. Recognizing that the original BCT method is time-intensive, the adapted approach streamlines the process to best meet the needs of the participating community. The Listening Session format includes a 5- to 6-hour in-person session, followed by two 1-hour follow-up virtual calls over a 3-month period, ([see Part 3: How to Conduct a Listening Session?](#)), but lower-commitment versions of this approach are also possible ([see Part 3: Alternate Engagement Options](#)).

Listening Sessions use an approach that focuses on three core themes: 1) Listen, 2) Empower, and 3) Co-Create (LEC). Each theme is described in the following sections. The LEC approach honors the local and cultural aspects of the community within the context of evidence-based healthcare and community-driven goals, and allows for flexibility depending on available resources.

## Listening Session

**PURPOSE** Engage participants in translating health information into ideas, messages, and materials that are understandable and meaningful to the local community



## LISTEN



Listening to the community is critical in order to understand the needs and health barriers within the community (such as knowledge, barriers, and prevention adherence).

Community members provide essential cultural information and lived experiences. Champions can learn from the community through their stories, dreams, history, culture, and wisdom about ways prevention materials can better serve the community.

### Challenges

What are the main challenges or barriers keeping your community members from getting screened for CRC?

### Culture

How do cultural beliefs, traditions, or attitudes toward healthcare impact CRC screening in your community?

### Motivation

What messages or materials would motivate your community members to get screened for CRC?

### Engagement

What messages and tools do healthcare providers (such as community health representatives, community health workers, and public health nurses) need to engage your community about the importance of CRC screening?

### Deliverables

What types of deliverables (such as messages and materials) are desired at the end of this community engagement process?



## EMPOWER



A key element of the LEC approach is presentations to participants by relevant experts. These presentations engage and empower participants to develop their own expertise on the health topic and ultimately serve as a voice for their community.<sup>10</sup>

The LEC approach acknowledges the important role of education and knowledge in having control over one's own health. By combining the knowledge gained from expert presentations with their unique perspectives as members of the community, participants help create messages and materials that can be shared across generations to foster self-empowerment.

### Participatory Model

The expert presentations aim to promote a more collaborative and participatory model of health education and health information sharing. Instead of experts solely determining the content and delivery of health messages, participants are engaged in the development of health messages and materials, drawing on their own experiences, knowledge, and cultural perspectives.

### Inclusive Environment

Additionally, empowerment can come from selecting the right location to foster genuine participation and open dialogue. A conducive environment enables participants to feel comfortable and empowered to be their authentic selves and speak freely. By choosing a space that respects cultural norms, accessibility, and the diverse needs of participants, organizations can create a welcoming atmosphere that encourages active engagement and ensures the voices of all individuals are heard and valued.



## CO-CREATE




Another critical element of the LEC approach is co-creating messages and materials with the community members in the Listening Session. Working together, the facilitators and participants create messages and materials that reflect the learnings from the in-person session. This collaborative process fosters ownership, trust, and stronger relationships, while developing more effective and inclusive communication strategies.

### Cultural Translation

Based on learnings from the in-person session, the facilitators will translate messages shared by participants to a visual format using dissemination methods that speak to the cultural values and sociocultural experiences shared by the participants. Early drafts can be shared with Listening Session participants during virtual follow-up sessions to get initial reactions and feedback.

### Community Input

The process is collaborative, with the community members providing ongoing input to ensure the cultural relevance and accuracy of the messages and materials.

 **See the Appendix** for a list of sample questions that researchers can ask Listening Session participants when reviewing materials.



**PART**

**3**



## **Conduct a Listening Session**

# How to Conduct a Listening Session?

The preferred format for the Listening Session is one 5- to 6-hour in-person session with a larger group of participants, accompanied by two 60-minute virtual follow-up calls. This approach is recommended for communities looking to host robust discussions around messaging and barriers and facilitate in-depth collaboration among community members and partners.

MAIN	FOLLOW-UP 1	FOLLOW-UP 2
<b>Full-Day In-Person Listening Session</b>	<b>Follow-Up Virtual Call</b>	<b>Follow-Up Virtual Call</b>
<ul style="list-style-type: none"> <li>▪ Robust presentations from local or national medical experts who reflect the intended audience</li> <li>▪ Facilitated conversation about the health topic and evidence-based recommendations</li> <li>▪ A discussion about what the messaging should say and how it should be shared</li> <li>▪ Post-meeting evaluation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Share learnings from in-person listening session</li> <li>▪ Share mockups based on learnings with participants for feedback</li> <li>▪ Continue to refine messaging and dissemination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Share revised mockups with participants for final feedback</li> <li>▪ Finalize messaging and dissemination plan</li> <li>▪ Make a plan to share final materials with participants</li> </ul>





The table below outlines the key elements and considerations for the Listening Session.

LISTEN															
<b>Key Questions</b>	Develop key questions based on the needs of the intended population to learn what types of deliverables (such as messages and materials) are desired at the end of this community engagement process.														
<b>Recruitment</b>	Recruit 12 to 16 community members; work with trusted organizations within the community to help recruit participants.														
<b>Format</b>	Conduct one 5- to 6-hour in-person session followed by two virtual sessions.														
EMPOWER															
<b>Expert</b>	Partner with local, regional, or national experts to present on the health topic.														
CO-CREATE															
<b>Goal</b>	Based on the learnings from the in-person session, co-create and refine tailored messages.														
<b>Materials</b>	<p>Example materials that could be developed in this timeframe include:</p> <table border="0"> <thead> <tr> <th>Print</th> <th>Digital</th> </tr> </thead> <tbody> <tr> <td>» Brochures</td> <td>» Animated videos</td> </tr> <tr> <td>» Posters</td> <td>» Live-action videos</td> </tr> <tr> <td>» Postcards</td> <td>» Text messages</td> </tr> <tr> <td>» Letters</td> <td>» Social media posts</td> </tr> <tr> <td>» Visual stories</td> <td>» Short educational segments</td> </tr> <tr> <td>» Personal stories</td> <td></td> </tr> </tbody> </table>	Print	Digital	» Brochures	» Animated videos	» Posters	» Live-action videos	» Postcards	» Text messages	» Letters	» Social media posts	» Visual stories	» Short educational segments	» Personal stories	
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» Visual stories	» Short educational segments														
» Personal stories															



# Best Practices for Conducting a Listening Session



## How do you identify expert presenters?

Identify expert presenters who can share information about the health topic, including screening options, local barriers and resources, and how the topic interfaces with cultural values such as faith, tradition, storytelling, holistic health, and more.

For example, consider health educators; community health representatives; community health aides; patient navigators; and local, regional, or national experts.



## Where should you conduct the Listening Session?

Work with the community to identify a location that is familiar and accessible to participants, such as a community clinic, tribal center, casino, or other location where community members can be their authentic selves and engage in open dialogue.

- » Create a welcoming environment that respects and incorporates the cultural norms and practices expected at community events. This may include traditional rituals like an opening prayer, food prayer, or closing prayer, as well as considerations for privacy of information shared and photography preferences.
- » There may be cultural expectations around having food at events. Select food and beverages that are culturally relevant and meaningful to the population you are serving. This ensures that participants feel comfortable during the event, as they are provided with familiar and culturally appropriate refreshments.
- » Ensure that facilitators and expert presenters align their style with the cultural norms of the participants, when appropriate. This means that they should adapt their approach to match the tone, communication style, and cultural nuances of the audience they are engaging with. This helps foster a more comfortable environment and enhance the effectiveness of the interaction.
- » Keep in mind that what works in one community may not be easily transferred to other communities. Consulting with individuals who represent the population can provide insights into cultural expectations.



## What is the optimal number of participants?

The ideal size of a Listening Session is 12 to 16 participants, plus a facilitator, expert presenter, notetaker, and a logistics coordinator. A larger group of participants will limit the detail of some responses and may be difficult to manage. In addition, group dynamics may change if some participants are not as comfortable sharing their experiences with a large group. This number of participants also allows for a comfortable and complex discussion in smaller breakout groups of about 6 to 8 participants. These breakout groups serve as a more intimate time to gather reactions, preferences, etc. for possible messages, style, and delivery.

- » Make sure you have a registration or sign-in table to ensure admittance of participants who agreed to participate in the Listening Session.



## How do you identify participants?

Once you have identified your key questions, think about what type of individual will best help answer these questions. What kind of individual can give you the information you're looking for? Within your identified community of interest, think about the diversity of your group by considering age, sex, occupation, language, social needs, family characteristics, and health history. However, your intended population may be focused on demographic subgroups depending on your health topic and key questions.

You should also think about the type of Listening Session you are able to conduct based on the available resources. You should have a clear understanding of what information you're looking for and what type of setup will give you the most meaningful information. Keep in mind that the intent of a Listening Session is not to infer but to understand and learn from the community. It is not to make statements about the specific community but to gain insights and work with the individuals to create meaningful messages and materials.





## How do you recruit participants effectively?

When setting up a Listening Session, organizations should use a recruitment process that takes into account the needs of the community. Approaches to recruitment can include:

- » Personalized letters that makes participants feel they are personally needed at the Listening Session because they have special experiences or insights that would be valuable to the team.
- » Bright and simple recruitment fliers that can be mailed, emailed, or distributed at community events. Fliers should include Listening Session details (such as purpose, who can join, location, date and time, and incentives).
- » Recruitment phone calls made in partnership with trusted organizations within the community, such as clinic staff, church leaders, and tribal leaders.
- » A reminder phone call or text before the Listening Session can be used to confirm attendance and provide session details.

### Helpful Tips to Consider

- » The date and time should be convenient for the participants. Select a date and time that doesn't conflict with popular activities or cultural practices. Think about what time of day will work best for the type of people you are recruiting.
- » Try adding your Listening Session to another event or meeting already scheduled within the community.
- » Potential benefits of participating in the Listening Session include CRC education, creation of messages and materials to improve the health of their community, financial incentives, and travel assistance.



## How do you staff the Listening Session?

Putting together the project team is a vital part of making the Listening Session successful. Below are recommendations for team members needed to conduct the Listening Session:

### Coordinator/Champion

- » Set up workplan, timeline, budget, and procedures
- » Purchase participant incentives
- » Purchase materials such as notebooks, flip charts, pens, and prizes
- » Reserve space to hold the Listening Session
- » Purchase food and beverages
- » Contract with a health topic expert
- » Secure the necessary technology

### Notetakers

- » General notetaker
- » Small group notetakers
- » Notetakers can also assist with the registration table

### Recruiter

- » Identify potential participants
- » Develop recruitment flier and script
- » Develop recruitment tracking spreadsheet
  - Name, contact information, date call(s) placed, dietary restrictions, verbal consent (if applicable), date reminder call placed, confirmation of attendance
- » Recruit desired number of participants for the Listening Session
  - Recruit a couple of additional participants and place them on a waitlist just in case you have some cancellations
- » Conduct reminder calls 2 days prior to the Listening Session

### Expert Presenters

- » Health topic experts
  - This individual will share information related to the health topic.
- » Community experts
  - This individual can speak about community barriers and facilitators or the success and challenges of an existing community program that speaks to the health topic.
- » Cultural experts
  - Given the diversity of tribal communities, we encourage teams to think about what ceremonial practices may be appropriate for your community.

### Content Coordinator

- » Set up content management timeline
- » Research and create health topic presentation(s)
- » Create pre-and post-evaluation surveys (optional)
- » Create a summary of learnings after the Listening Session is held to help inform materials and messages
- » Lead material development and refinement based on Listening Session learnings and feedback from follow-up calls

### Facilitators

- » Lead discussion sections, break out groups, and follow-up sessions
- » Depending on key questions, create separate groups for optimal engagement and data collection

**See the Appendix** for tips on how to staff the Listening Session.

## What are the potential cost considerations?

The dollar amounts listed below are based on previous Listening Sessions. You may need to adjust costs accordingly based on your program's available resources and other considerations. See Best Practices section for more information.



### Participant Incentives

- » Consider participant incentives that may encourage attendance and active participation in the main session and follow-up calls.
- » Determine the appropriate incentive amount based on previous experiences and the time commitment required from participants.
- » Incentives used by other organizations include items such as gift cards, vouchers, or culturally relevant items that can accommodate diverse preferences.



### Location and Logistics

- » Consider the cost of renting a suitable venue for hosting the in-person session, ensuring it is easily accessible to participants, is equipped with necessary audiovisual equipment, and has multiple rooms to conduct small breakout sessions.
- » To reduce costs, consider conducting a Listening Session in a space owned by your organization. Community centers, churches, and hotel meeting rooms are examples of options that have been used before.
- » Consider logistical expenses such as lodging (if participants are traveling far), transportation, parking, and food and beverages for participants attending the session.



### Facilitator and Staffing

- » Consider the compensation of skilled facilitators who have experience working with the intended population and can effectively carry out the Listening Session using the LEC approach. This includes the development of the expert presentations.
- » Facilitators will also need to conduct analysis and reporting to extract insights from the Listening Session and synthesize findings into actionable recommendations for messaging and materials.
- » Account for staffing costs, including coordinators who can manage administrative tasks, participant recruitment, day-of registration, incentives, catering, and communication logistics.



### Materials and Supplies

- » Allocate funds to produce printed materials, handouts, or visual aids to support the Listening Session.
- » Consider working with partners to help cover the costs of any special materials or prizes to enhance engagement such as tote bags, pens, caps, T-shirts, and water bottles.

## ESTIMATED COSTS

<b>Participant Incentives</b>	» \$100 for each in-person session and \$25 for each 60-minute follow-up call (per person)
<b>Location</b>	» \$800 for breakfast items and lunch for 17 to 20 individuals (including staff) » \$200 per night at a local hotel (per person) » \$50 gas card (to help offset fuel cost) if someone is traveling more than 50 miles from their home
<b>Staffing</b>	» Project Coordinator (1) at 8 hours per week for 6 to 8 months » Facilitators (1 to 2) at 8 hours per week for 6 to 8 months
<b>Materials</b>	» \$800 for materials such as participant packets, gift bags, and printing



# Alternate Engagement Options

Because organizations have varying resources and capacity to carry out Listening Sessions, communities can consider simpler options to tailor their engagement approach to match their resources, needs, assets, and goals.



## OPTION 1

**This option includes one session lasting 2 to 3 hours, with 6 to 8 participants.**

This approach still allows for broad community involvement and deep discussions around messaging and barriers.



## OPTION 2

**This option includes one or two in-person or online conversations with a small group.**

This approach typically involves modifying existing messaging materials to be culturally specific and may be ideal for communities with limited resources or smaller needs.





	OPTION 1	OPTION 2
<b>LISTEN</b>		
<b>Key Questions</b>	Develop based on organizational CRC performance goals.	Develop based on organizational CRC performance goals.
<b>Recruitment</b>	Recruit 6 to 8 participants from existing clinic patient councils, community advisory boards, church councils, and/or other organizations.	No recruitment. Use existing board or council.
<b>Format</b>	Conduct one 2- to 3-hour in-person session.	Use the existing time and format of clinic patient councils, community advisory boards, church councils, parent associations, or other meetings to solicit help adapting existing materials.
<b>EMPOWER</b>		
<b>Expert</b>	Partner with in-house or local experts to share some information on the health topic. This could include: <ul style="list-style-type: none"> <li>» Medical directors</li> <li>» Community health workers</li> <li>» Health educators or promoters</li> <li>» Local investigators</li> </ul>	Partner with in-house experts or group facilitators to share brief information on the health topic.
<b>CO-CREATE</b>		
<b>Goal</b>	Build upon existing CRC materials and create new messages specifically designed by the group.	Build upon existing CRC print materials and update contact information, review language, photographs, and local health statistics.
<b>Materials</b>	Example materials that could be developed in this timeframe include: <ul style="list-style-type: none"> <li>» Brochures</li> <li>» Posters</li> <li>» Postcards</li> <li>» Letters</li> </ul>	Example materials that could be adapted in this time frame include: <ul style="list-style-type: none"> <li>» Brochures</li> <li>» Posters</li> <li>» Postcards</li> <li>» Letters</li> </ul>

**PART**

**4**



## **Partner Spotlight**

# Great Plains Tribal Leaders Health Board (GPTLHB) Listening Session

## Background

Established in 1986, the Great Plains Tribal Leaders' Health Board (GPTLHB) is an organization representing 18 tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa. Through advocacy, community partnerships, public health education, and direct care, GPTLHB works to improve the health of the American Indian peoples by providing public health support and healthcare advocacy.

## Key Questions

The GPTLHB was interested in learning the following from the Listening Session:

- » What messages or materials motivate tribal community members in the Great Plains to get screened for CRC?
- » What messages and tools do providers—such as community health representatives—need to engage tribal communities in the Great Plains to understand the importance of CRC screening?



## At-a-Glance

### Key Materials Created

- » Visual story incorporating a grandchild and grandfather
- » CRC educational posters with local imagery and tribal members
- » Fact sheets with local CRC statistics and information
- » Motivational live-action CRC screening videos for in-clinic distribution

### Preferred Dissemination Channels

- » Videos in clinic waiting rooms
- » Printed materials were a focus due to lack of cellular and Internet service in many parts of the region



## Listening Sessions

Eligible tribal community members recruited were between the ages of 45 and 75 and agreed to participate in three meetings. The first meeting was a 5-hour in-person gathering and the date was picked to overlap with a Great Plains Partners in Cancer Screening Conference to encourage attendance from tribal members who reside outside of Rapid City. The second and third were each 1-hour hybrid meetings where participants with access to virtual platforms joined online, and those without access met in-person at the Great Plains Tribal Leaders Health Board office.

### Overview of the Listening Session Format

MAIN	FOLLOW-UP 1	FOLLOW-UP 2
<b>Full-Day In-Person Listening Session</b>	<b>Follow-Up Hybrid Meeting</b>	<b>Follow-Up Hybrid Meeting</b>
<ul style="list-style-type: none"> <li>▪ A cultural presentation of Lakota teachings by a local hoop dancer</li> <li>▪ CRC education by a national expert in CRC research</li> <li>▪ A presentation by local leaders on interventions to increase community access to CRC screening</li> <li>▪ Small group discussions on CRC knowledge, beliefs, barriers to screening, and messages and materials to help increase screening*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared learnings from in-person listening session</li> <li>▪ Shared mockups based on learnings with participants for feedback</li> <li>▪ Continued to refine messaging and dissemination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared revised mockups with participants for final feedback</li> <li>▪ Finalized messaging and dissemination plan</li> <li>▪ Made a plan to share final materials with participants</li> </ul>

\* [See the Appendix](#) for the worksheet used by facilitators to encourage a discussion on message development.



## Key Findings

The following key themes for messages and materials came out of the discussion:



Include Lakota words, as language is tied to cultural identity.



The materials should be relatable, address local barriers, and include resources and cultural imagery.



Use a multigenerational approach to screening education in the messages and materials by including grandchildren and Elders.



Include cultural details about healing traditions.



Use visuals for colon health education and screening education.

## Lessons Learned



**Limit participants to 20 to 25 individuals to facilitate group engagement.**



**Incorporate time for breaks and snacks inside the presentation room so participants can still listen and be engaged and ensure wrap up of in-person session prior to lunch.**



**Use a hybrid approach for the follow-up Listening Sessions to ensure access to technology is not a barrier to participation.**



**Include an opening and closing prayer by an Elder.**

# South Puget Intertribal Planning Agency (SPIPA) Listening Session

## Background

In 1976, Tribal leaders from the South Puget Sound region joined together to create SPIPA (South Puget Intertribal Planning Agency), a consortium seeking to provide intertribal planning, technical assistance, and program management services to best support and promote the general welfare of participating tribal community members. Today, SPIPA serves five local Tribal Nations including Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island.

## Key Questions

SPIPA was interested in learning the following from the Listening Session:

- » What messages or materials motivate SPIPA community members to get screened for CRC?
- » How can we enhance current approaches (such as screening options and materials) used by SPIPA providers to encourage community members to get screened for CRC?



## At-a-Glance

### Key Materials Created

- » Visual story of a canoe journey with multigenerational characters to motivate community members to get screened for CRC
- » Live-action videos with a community member from each of the five tribes discussing the importance of getting screened for CRC by incorporating personal stories
- » Posters and postcards incorporating local imagery and CRC messaging

### Preferred Dissemination Channels

- » In-person engagement through community and traditional events
- » Tribal community centers
- » Videos showcased in tribal clinic waiting rooms (using GoodHealthTV, a health education network presenting culturally relevant programs for Indigenous communities)



## Visual Story

**1**

Smells good, Eagle! Is that wild blackberry pie?!

Sure is, Papa! Along with corn on the cob and camas roots. Kiya's showing me how to make traditional foods to share.

Our ancestors knew how to care for themselves. The foods they ate are still the best for keeping us healthy.

It's true, Mom. You've always said that food is good medicine.

**2**

After my cancer scare last year, I've been trying to take better care of myself—eating well, exercising, and getting regular check-ups.

Yeah, that was really scary. I was worried about you. We all were.

**3**

Which leads me to ask, have you scheduled your colorectal cancer screening yet?

Um... Hey, check out the fish Winona brought!

Yeah, that's a beautiful salmon, but don't change the subject. My provider told me that it's best to start screening for colorectal cancer at age 45.

**4**

I know, but I just hate thinking of this kind of thing... and I don't like dealing with doctors.

They haven't always done right by our people. I don't want to take an appointment from someone who is actually really sick.

**5**

I understand, but cancer screenings can help us care for ourselves and for our people. Finding colorectal cancer early makes it a lot easier to treat. And there are a few different ways to test now. You can talk to a provider in our community about the right option for you.

Ok, ok, ok. I'll give them a call this week. Just for you, Mom.

Yes, do it for me. But more importantly, do it for you, Eagle and for future generations.

We need you with us for many canoe journeys to come.

Thanks for always looking out for us, Mom. Now, let's bless the food.

**Get screened for colorectal cancer and encourage your loved ones to do the same. It could save lives.**

Health experts recommend that men and women ages 45 to 75 get screened for colorectal cancer.

Those over 75 or at higher risk should talk to their provider about how and when to get screened.

There are many screening options, including stool (poop) tests and colonoscopy. You can complete a simple at-home stool test that looks for hidden blood. If blood is found, you may need a second test called a colonoscopy. A colonoscopy can find and remove polyps (small growths) in the colon before they turn into cancer.

**Talk to your provider about which test is right for you.**

\*The U.S. Preventive Services Task Force is an independent organization that studies data about health screenings.

**Contact your provider to learn about colorectal cancer screening options.**



[Contact Info]

Support for this work is provided by the National Association of Chronic Disease Directors, through a cooperative agreement funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the social views of the National Association of Chronic Disease Directors, or the Centers for Disease Control and Prevention, or the Department of Health and Human Services.

### Let's Stand Together Against Colorectal Cancer



**Life is a journey. Be here for the special moments.**



## Listening Sessions

Tribal community members, clinic providers and community outreach workers were recruited to participate in three meetings. The first meeting was a 5-hour in-person gathering at a tribal-owned casino in Shelton, Washington. The second and third were each 1-hour hybrid meetings where participants with access to virtual platforms joined online, and those without access or who preferred in-person gathering met in-person at the South Puget Intertribal Planning Agency.

### Overview of the Listening Session Format

MAIN	FOLLOW-UP 1	FOLLOW-UP 2
<b>Full-Day In-Person Listening Session</b>	<b>Follow-Up Hybrid Meeting</b>	<b>Follow-Up Hybrid Meeting</b>
<ul style="list-style-type: none"> <li>▪ Opening by a Tribal Elder who connected the importance of acknowledging Native history, culture, and cancer screening</li> <li>▪ Calling on three witnesses to share the knowledge learned from the sessions with the community</li> <li>▪ CRC education by a nationally recognized expert in CRC research</li> <li>▪ Interactive discussions on CRC knowledge, beliefs, and barriers to screening</li> <li>▪ Small group discussions on CRC knowledge, beliefs, barriers to screening, and messages and materials to help increase screening</li> <li>▪ Closing prayer from a Tribal Elder</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared learnings from in-person listening session</li> <li>▪ Shared mockups based on learnings with participants for feedback</li> <li>▪ Continued to refine messaging and dissemination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared revised mockups with participants for final feedback</li> <li>▪ Finalized messaging and dissemination plan</li> <li>▪ Made a plan to share final materials with participants</li> </ul>





## Key Findings

The following key themes for messages and materials came out of the discussion:



Focus on live-action videos, instead of animated videos, and include stories from community members from each of the five tribes.



Use animated videos for CRC screening (FIT, colonoscopy) education.



Highlight intertribal milestones, like the canoe journey, as the setting of the materials to make them relatable and hyper-localized.



Incorporate water in the materials as water is a symbol of spiritual significance to the SPIPA tribes and is integral to their holistic health and cultural practices.



Use a multigenerational approach by including children, grandchildren, and families in the messaging and storylines.

## Lessons Learned



**Open and end the in-person session with a talk and prayer from a Tribal Elder to set the tone for the day and incorporate Native traditions and history.**



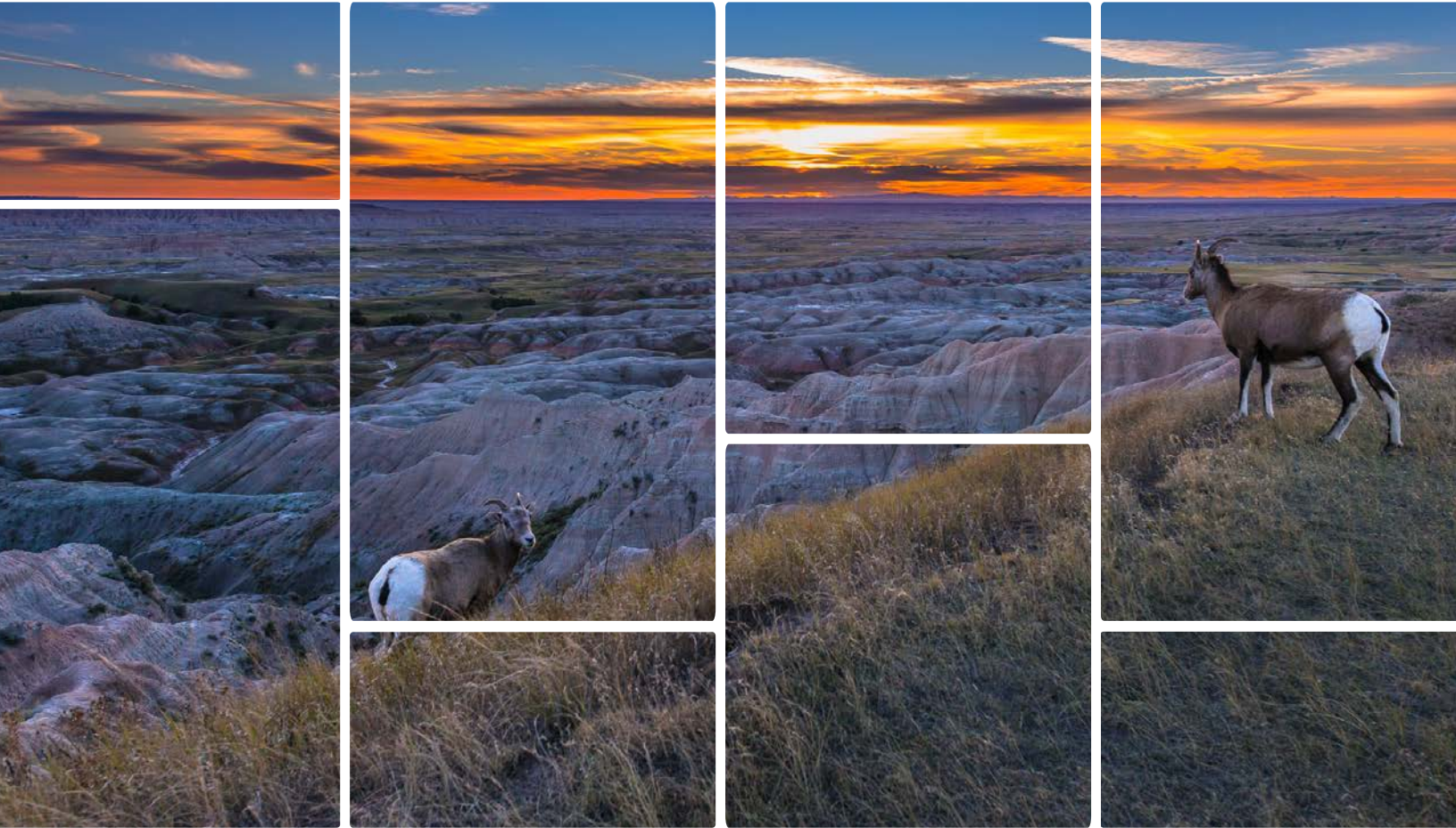
**Begin the CRC education presentation in the in-person meeting with a roadmap of the day and showcase some example materials and messages that will be created based on input of participants.**



**Conduct two Listening Sessions to address different questions based on types of participants (one for community members, one for tribal providers).**



**Host follow-up virtual calls in-person for optimal engagement.**



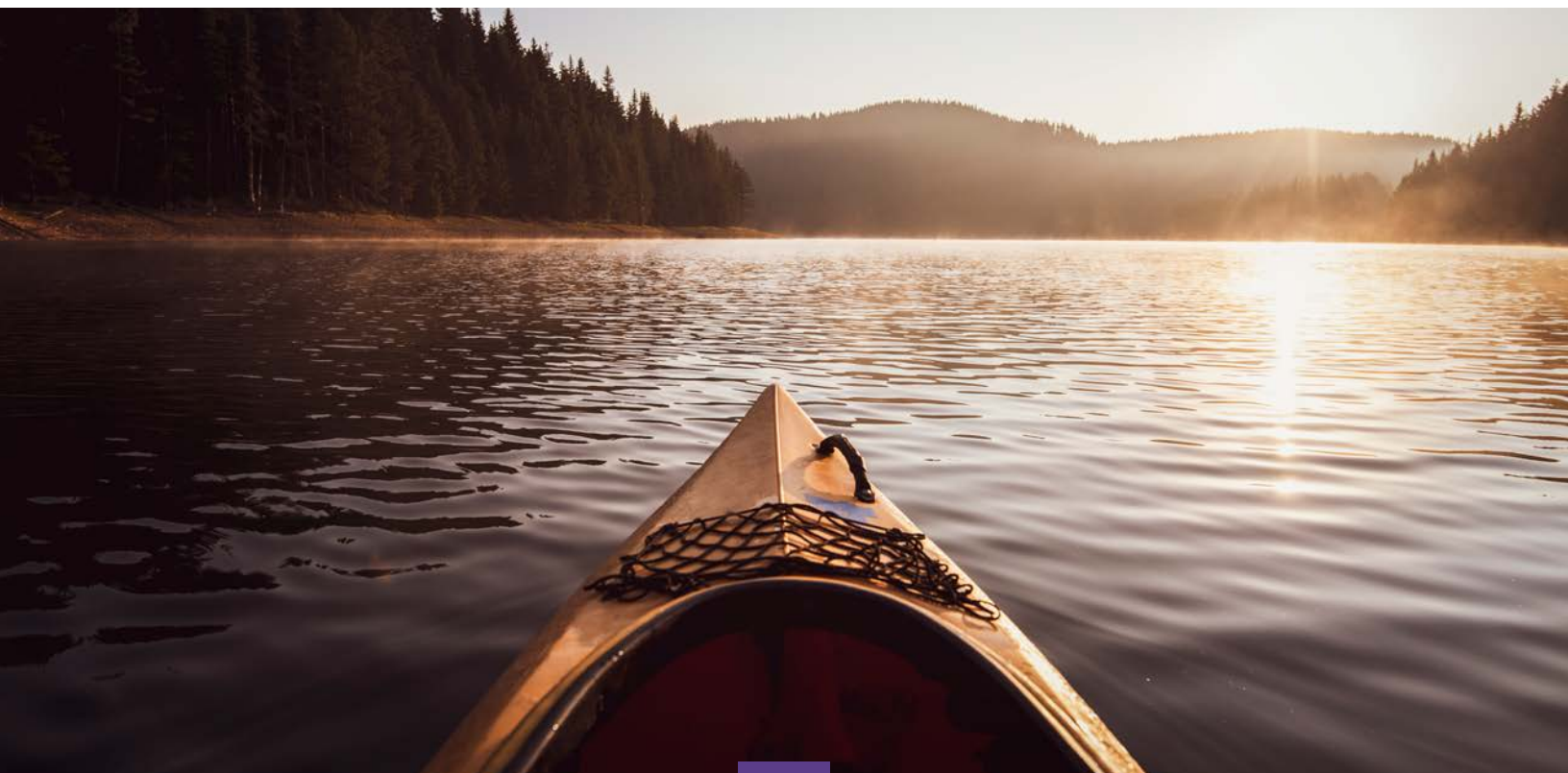
# Appendix

As described throughout this guide, the Kaiser Permanente Center for Health Research (KPCHR) team uses a community engagement approach, adapted from a community-based participatory research method called boot camp translation (BCT), to develop culturally and locally relevant messaging and materials for colorectal cancer (CRC) screening in diverse communities. The approach empowers communities to address local health challenges by bringing together community members and organizational partners. Select resources are shared below. For more information, please visit: [www.KPCHR-Engage.org](http://www.KPCHR-Engage.org).

## Questions For Listening Session Participants When Reviewing Materials

ELEMENTS	SAMPLE QUESTIONS
<b>Initial Reactions</b>	<ul style="list-style-type: none"> <li>» What do you think of the [draft materials]?</li> <li>» What messages stood out to you?</li> <li>» What did you like best about...?</li> <li>» What was missing?</li> </ul>
<b>Content</b>	<ul style="list-style-type: none"> <li>» What other information would you want to see in the message?</li> <li>» What did you like or not like of the characters used?</li> <li>» What are common patient scenarios or stories that would motivate you to get screened?</li> <li>» What other details (key messages) are important to include (such as cost, prevention, or family)?</li> </ul>
<b>Visual Appeal</b>	<ul style="list-style-type: none"> <li>» What did you like about the look of the...?</li> <li>» What would you change about the...?</li> <li>» Are there certain colors you would like to include?</li> <li>» How would you change the characters or images to better reflect your community?</li> <li>» What type of imagery would you prefer to see? Photographs? Artwork? Cartoon?</li> <li>» What did you think about the length of the message?</li> </ul>

ELEMENTS	SAMPLE QUESTIONS
<b>Cultural Acceptability</b>	<ul style="list-style-type: none"> <li>» What are some familiar cultural touchpoints that would be helpful to include?</li> <li>» Are there any specific words you would like to include in your native language? If yes, which ones?</li> <li>» Are there any parts of the message that make you uncomfortable?</li> <li>» Do you see yourself and your family represented here?</li> </ul>
<b>Comprehension</b>	<ul style="list-style-type: none"> <li>» Is there anything we could do to make the message easier to understand?</li> <li>» Do you think some people might find the message confusing? If so, what would you change to make it clearer?</li> </ul>
<b>Motivational Engagement</b>	<ul style="list-style-type: none"> <li>» How motivated would you feel to get screened for CRC after reading this message?</li> <li>» Would it help you overcome barriers?</li> <li>» Does the message capture the most important and helpful information? If not, what would you add?</li> <li>» If you saw this message at the doctor's office or mailed to your house, would you read it? Why or why not?</li> </ul>



# Staffing the Listening Session

**TIP: Your facilitators should possess a diverse set of skills to ensure productive and meaningful discussions. Some essential skills include:**

- » **Active listening:**  
Ability to attentively listen to participants' thoughts, concerns, and non-verbal cues.
- » **Communication:**  
Clear and concise communication skills to facilitate discussions. Also, able to handle changes in the discussion flow while maintaining the group's focus.
- » **Empathy:**  
Understanding and empathizing with participants' perspectives to create a supportive and inclusive environment.
- » **Mediation:**  
Skill in managing different viewpoints and guiding the conversation toward constructive outcomes.
- » **Questioning techniques:**  
Proficiency in asking open-ended questions to encourage in-depth responses.
- » **Data interpretation:**  
Ability to interpret and analyze the data collected during the session.



# Message Development Worksheet



## SMALL GROUP SESSION

What messages (or words) would help motivate your community to get screened for colorectal cancer?

Write down words or phrases about colorectal cancer screening that stand out to you.

Write down Native words or phrases that would be meaningful and inspiring to see in a colorectal cancer screening message.

Mitákuye  
Oyás'ı̄

Honor the gift  
of health.

The body and  
spirit belong  
together.

Carry on the  
tradition of life.

We are one in  
this together.

Our lives are  
xubaa (sacred).

# Acknowledgments

The development of this guide is supported by a collaboration between Kaiser Permanente Center for Health Research (KPCHR), the National Association of Chronic Disease Directors (NACDD) and the Centers for Disease Control and Prevention (CDC) with consultation from key American Indian/Alaska Native partners. This project, entitled, “Creating Meaningful Health Messages in American Indian/Alaska Native Communities” is dedicated to creating tailored and meaningful colorectal health messages for American Indian and Alaska Native communities.

Special gratitude is extended to members of the Great Plains Tribal Leaders Health Board, the South Puget Intertribal Planning Agency, and their respective tribal communities for participating in community engagement efforts and sharing insights to help shape the content of this guide.

Finally, we thank Karri Bigboy (American Indian Cancer Foundation), LaToya Brave Heart (Great Plains Tribal Leaders Health Board), Jalisa Ingram (Alaska Native Tribal Health Consortium), and Jamie Nikander (South Puget Intertribal Planning Agency) for their partnership and review of this guide.

We anticipate there will be continuous updates to this document as we incorporate invaluable lessons learned from the practical implementation of this work in diverse community settings.



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