ABOUT THE ALLIANCE

ACHIEVING THE BEST HEALTH OUTCOMES FOR ALL
National Alliance for Hispanic Health

Our Mission
Best Health Outcomes for All
We work to insure that health incorporates the best of science, culture, and community.

Our Goal
To close the gaps between:
- Research, services, and policy;
- Scientific discovery and benefit for individual; and
- Community services and medical practice.
The Alliance

- Largest and oldest Hispanic network, the nation’s experts in Hispanic health.
- Executive, bi-partisan Board of Directors
- Community-based Alliance organization members deliver services to 15 million persons each year; national organization members 100 million.
- Believe in community-based solutions.
- Do not accept funding from alcohol, tobacco, or sugar sweetened beverage companies.
Key Resources

• *Su Familia* National Hispanic Family Health Helpline

  ➢ 1-866-783-2645 (1-866-SU-FAMILIA)

• [www.hispanichealth.org](http://www.hispanichealth.org)

• [www.healthyamericasinsitute.org](http://www.healthyamericasinsitute.org)
Nuestras Voces... Our Voices

Network Overview

Nuestras Voces works to build Hispanic community infrastructure, as well as increase partnerships with regional and national tobacco and cancer control networks and other stakeholders, to:

• Decrease exposure to second-hand tobacco smoke,
• Increase smoking cessation,
• Increase cancer prevention, and;
• Improve quality of life for those living with cancer.
Key Challenges Ahead

• Tobacco tipping point.
  • Hispanic 8th graders are now more likely to smoke. Among adult smokers, cessation counseling continues to lag.

• Cancer diagnosis and treatment lag.
  • Hispanic communities most uninsured, receive prevention and treatment later, and not in clinical trials.

• Evidence-based barrier.
  • Few culturally proficient evidence-based interventions for underserved Hispanic communities.

• Cervical cancer disparity.
  • Incidence rates remain highest for Hispanic women than any other group.
Hispanic Population in the U.S.

58.9 Million Hispanics
(55.4 mainland U.S. and 3.5 million Commonwealth of Puerto Rico).

Percent of Population Uninsured after Implementation of ACA

Baseline Uninsured Rate (Q1 2012-Q3 2013)

Uninsured Rate in Q3 2015 (Data through 9/12/15)

<table>
<thead>
<tr>
<th>Group</th>
<th>Baseline Rate</th>
<th>Q3 2015 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanics</td>
<td>41.8%</td>
<td>30.3%</td>
</tr>
<tr>
<td>Non-Hispanic blacks</td>
<td>22.4%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Non-Hispanic whites</td>
<td>14.3%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Note: Data from base line period (Q1 2012 and Q3 2013) until the third quarter in 2015 of ACA implementation.
Percent of persons with a regular source of care responding that they go to a “community health center” when they are sick

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanics</td>
<td>35%</td>
</tr>
<tr>
<td>Non-Hispanic blacks</td>
<td>25%</td>
</tr>
<tr>
<td>Non-Hispanic Whites</td>
<td>15%</td>
</tr>
</tbody>
</table>


Methodology: Bilingual telephone interviews conducted February 16 - March 2, 2014 by SSRS, an independent research company among a nationally representative sample of 846 respondents age 18 and older. Margin of error for total respondents is +/-3.4% at the 95% confidence level. Margin of error for total Hispanics (n=300) is +/-5.7%, non-Hispanics blacks (n=286) is +/-5.8%, non-Hispanic Whites (n=260) is +/-6.1%.
# Cancer Incidence Rates by Race/Ethnicity and Gender, 2008-2012

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>528.9</td>
<td>436.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>408.5</td>
<td>330.4</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>592.3</td>
<td>408.1</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>316.8</td>
<td>287.5</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>423.3</td>
<td>372.9</td>
</tr>
</tbody>
</table>


Notes: Rates are per 100,000 persons and age-adjusted to the 2000 U.S. standard population.
## Incidence Rates of Some Types of Cancer by Race/Ethnicity and Gender, 2008-2012

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Non-Hispanic White</th>
<th>Hispanic</th>
<th>Non-Hispanic Black</th>
<th>Asian/Pacific Islander</th>
<th>American Indian/Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>7.8</td>
<td>13.5</td>
<td><strong>15.1</strong></td>
<td>14.5</td>
<td>12.0</td>
</tr>
<tr>
<td>Liver/Intrahepatic bile duct</td>
<td>9.3</td>
<td>19.3</td>
<td>16.5</td>
<td><strong>20.6</strong></td>
<td>18.7</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>3.5</td>
<td>7.8</td>
<td>8.0</td>
<td><strong>8.5</strong></td>
<td>6.6</td>
</tr>
<tr>
<td>Liver/Intrahepatic bile duct</td>
<td>3.2</td>
<td>7.2</td>
<td>4.8</td>
<td>7.9</td>
<td><strong>8.9</strong></td>
</tr>
<tr>
<td>Cervix</td>
<td>7.1</td>
<td>10.2</td>
<td>10.0</td>
<td>6.3</td>
<td>9.4</td>
</tr>
</tbody>
</table>


Notes: Rates are per 100,000 persons and age-adjusted to the 2000 U.S. standard population.
### HPV Vaccination* Coverage Estimates of Adolescents Aged 13-17 Years by Race/Ethnicity & Gender, National Immunization Survey of Teens in the United States, 2014

<table>
<thead>
<tr>
<th>Race/Ethnicity &amp; Gender</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>70.6%</td>
<td>57.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>72.8%</td>
<td>57.2%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>61.6%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>71.7%</td>
<td>63.0%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>55.4%</td>
<td>57.7%</td>
</tr>
</tbody>
</table>

* Three dose series completion

Source: Centers for Disease Control and Prevention, National Center for Immunizations and Respiratory Diseases, Updated October 2015.
Notes: National estimate does not include adolescents living in Puerto Rico.
PAP Smear Utilization Among Women Aged 18 and Over By Race/Ethnicity: United States, 2013

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of women having a Pap smear within the past 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>68.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>70.5%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>75.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>70.1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>65.3%</td>
</tr>
</tbody>
</table>

Notes: National estimate does not include adolescents living in Puerto Rico.
Culturally Proficient Strategies to Improve Cervical Cancer Screening Among Hispanics
Culturally Proficient Strategies to Improve Cervical Cancer Screening among Hispanics

Lourdes Baezconde-Garbanati, PhD, MPH
Yaneth L. Rodriguez, Rosa Barahona, Rhonda Ragab, Samantha Garcia, Teresa De Anda
Julie Lam, Irene Martinez, Genesis Gutierrez

Center for Health Equity in the Americas
Institute for Health Promotion and Disease Prevention Research, IPR
Department of Preventive Medicine, Keck School of Medicine of USC
University of Southern California

Webinar for the
Healthy Americas Institute, National Alliance for Hispanic Health, and National Association of Chronic Disease Directors Cancer Council
March 7, 2016, Los Angeles, CA

USC Center for Health Equity in the Americas
Provide an epidemiologic overview of cervical cancer and HPV infection globally and in the US

Present Tamale Lesson, an example of cultural narrative as a strategy to prevent cervical cancer

Present Es Tiempo, using an environmental cue as a culturally proficient strategy to prevent cervical cancer

Lessons learned from development, implementation and evaluation of culturally proficient strategies

Conclusions
Cervical Cancer

- Cervical cancer is a malignant tumor of the cervix
- It is found in the lowermost part of the uterus (womb)
- Can be controlled and prevented via regular Pap Smear screenings and DNA testing, and the HPV vaccine.

Source: National Cancer Institute (NCI) www.cancer.gov
Global Impact of Cervical Cancer

- Cervical cancer is the 4th most common female cancer worldwide
  - >500,000 cases diagnosed each year
  - 260,000 deaths annually

Sources: Ferlay et al, 2012; Cancer’s Global Footprint, 2015
Global Impact of Cervical Cancer

➢ 87% of deaths occur in developing nations
Racial and Ethnic Disparities in Cervical Cancer Among Women in the U.S.

Figure 1
Racial and Ethnic Disparities in Cervical Cancer

Cervical Cancer Incidence and Mortality Rates by Race/Ethnicity, 2008-2012

- **Incidence**
- **Mortality**

<table>
<thead>
<tr>
<th>Group</th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7.7</td>
<td>2.3</td>
</tr>
<tr>
<td>White</td>
<td>7.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Black</td>
<td>9.2</td>
<td>4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>6.3</td>
<td>1.8</td>
</tr>
<tr>
<td>American Indian / Alaska Native</td>
<td>7.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

NOTE: Data are age-adjusted rates per 100,000 persons.
SOURCE: National Cancer Institute, SEER Stat Fact Sheets: Cervix Uteri Cancer.

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups — Census P25-1130) standard.
Racial and Ethnic Disparities in Cervical Cancer Among Women in Los Angeles County

Incidence of Cervical Cancer in Los Angeles County

<table>
<thead>
<tr>
<th>Age-adjusted per 100,000 female population</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA County</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Latina</td>
</tr>
<tr>
<td>White</td>
</tr>
</tbody>
</table>

Los Angeles County Department of Public Health, Office of Women’s Health. Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, February 2010.

Advanced Stage Cervical Cancer in California, 2007-2011

Percentage Advanced Stage by MSSA:
- 5 - 32% (21 MSSAs)
- 33 - 45% (70 MSSAs)
- 46 - 58% (88 MSSAs)
- 59 - 83% (56 MSSAs)
- <15 cases (307 MSSAs)

Percentages not Calculated

Keck School of Medicine of USC
USC Center for Health Equity in the Americas
Human Papillomavirus Infection (HPV)

- Human papillomavirus (HPV) is the main infectious factor for cervical cancer. It causes over 99% of cervical cancers. It is also responsible for HPV related cancer of the vulva, vagina, anus, penis, throat, and a growing number of head and neck cancers.
HPV infection rates worldwide

Overall prevalence in healthy women

NORTHERN AMERICA
- 13.8%
  - 16 (3.5%)
  - 53 (1.1%)
  - 52 (1.0%)
  - 39 (0.9%)
  - 18 (1.0%)

CENTRAL AMERICA & MEXICO
- 20.5%
  - 16 (4.0%)
  - 31 (1.9%)
  - 18 (1.8%)
  - 53 (1.5%)
  - 52 (1.2%)

SOUTH AMERICA
- 14.3%
  - 16 (3.3%)
  - 58 (1.4%)
  - 45 (0.9%)
  - 31 (0.9%)
  - 18 (1.2%)

EUROPE
- 6.6%
  - 16 (2.3%)
  - 18 (0.7%)
  - 31 (0.6%)
  - 53 (0.4%)
  - 52 (0.4%)

ASIA
- 8.3%
  - 16 (2.6%)
  - 56 (0.8%)
  - 52 (1.2%)
  - 18 (0.8%)

AFRICA
- 22.9%
  - 16 (2.7%)
  - 58 (1.6%)
  - 18 (1.6%)
  - 31 (1.3%)

10%
Worldwide HPV prevalence in healthy women.

Government-reported age-standardized cervical cancer incidence rate per 100,000 women per year.

- ≤ 56.3
- ≤ 30
- ≤ 20.3
- ≤ 12.9
- ≤ 6.9
- No data

A number of risk factors are known to increase the risk of HPV infection progressing to cervical cancer, including HIV coinfection, smoking, younger mothers, high number of children.
In the U.S. Human Papillomavirus (HPV) infection is rampant.

- 80 million or 1 out of every 4 Americans are currently infected.

- One out of every two women will become infected in their lifetime.
HPV Vaccination in the United States

- HPV vaccination rates around the world, especially in Latin America are higher than vaccination rates in the United States.

- CDC recommends all girls and boys ages 11 to 12 receive the three doses of the vaccine.

- Healthy People 2020 - 80% HPV vaccination goals in the U.S. “are not likely to occur without comprehensive, targeted Interventions”. President’s Cancer Panel, 2014
Estimated HPV Vaccination Coverage Among Female Adolescent in the U.S.

Figure 2

Estimated HPV Vaccination Coverage Among Female Adolescents in the US

Share that have received 3-doses of HPV Vaccine, 2014

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
<th>Race/Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>38%</td>
<td>Black</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Status</th>
<th>Total</th>
<th>Poverty Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below poverty</td>
<td>45%</td>
<td>At or above</td>
<td>38%</td>
</tr>
<tr>
<td>level</td>
<td></td>
<td>poverty level</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Among female adolescents ages 13-17.

Source: http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/
Figure 3

HPV Vaccination Rates of Adolescent Girls ages 13-17, by State

Completion of 3 dose HPV vaccine series among females ages 13-17, 2014

Estimated vaccine coverage for females ages 13-17
- <30% (7 states)
- 30 – 39.7% (14 states)
- 39.8 – 44.9% (19 states)
- ≥45% (10 states + DC)

2014 U.S. average = 39.7%

NOTES: Share of females ages 13-17 who have received all 3 doses of the HPV vaccine series. *Statistically significant (p<.05) percentage point change from 2013.


Source: http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/
Without vaccinating boys and girls, the virus will never be contained.
In Summary

- Highest vaccine rates are found among the poor and Hispanic communities

- Girls in these communities are more likely to receive at least one dose of the HPV vaccine.

- This evidences support of culturally and language specific strategies and community based interventions that have been successful (Journal of Cancer Epidemiology, 2016).

- This is encouraging, as these communities have the highest rates of cervical cancer.
In Summary

• But vaccine doesn’t cover all cancers, so continued cervical cancer screening is needed.

• Vaccination rates in the US are lower than for some countries in Latin America

• Both boys and girls need to be vaccinated

• To reach Healthy People 2020 vaccination rates of 80% much work is still needed.
Culturally Effective Strategies
Case Study 1: Tamale Lesson

Lourdes Baezconde-Garbanati
Sheila Murphy, Lauren B. Frank, Meghan B. Moran, Lisa Gantz, Joyee S. Chatterjee, Nan Zhao, Angeline Sangalang Arlene Calvo, Stella Rowland, Lourdes de Alguero, Morgan Hess-Holtz

Center for Health Equity in the Americas, Dept. of Preventive Medicine, and Annenberg School for Communication and Journalism, USC School of Cinematic Arts, University of Southern California, Portland State University, Johns Hopkins University,

NCI
TR01CA144052
Murphy/Baezconde-Garbanati
Case Study 1
Tamale Lesson

1. Conduct a “clinical trial” to test the relative efficacy of the identical information presented in a narrative and non-narrative format to determine if narratives are more effective.

2. Identify the mechanisms (transportation and identification with characters) that underlie changes in relevant knowledge, attitudes and behavior.
Methodology

To empirically test this, we produced two 11 minute films each conveying the same key facts regarding the cause of cervical cancer (the Human Papilloma Virus or HPV) as well as its detection (via Pap test) and prevention (via the HPV vaccine).

- The **non-narrative**, *It’s Time*, uses a more traditional approach featuring doctors, patients, and figures.

- The **narrative**, *The Tamale Lesson*, revolves around a family’s preparation for their youngest daughter’s Quinceañera (15th birthday).
Study Design

Time 1: RDD pretest/baseline phone survey

Pretest/Baseline N=900

Randomly assign respondents to receive narrative or non-narrative film in mail

Narrative N=450
Non Narrative * N=450

*Identical design for non-narrative respondents

Time 2: Conduct post-test phone survey within next 2-weeks

European American N=150
African American N=150
Mexican American N=150

Time 3: Conduct 6-month follow-up

Follow Up N = 100
Follow Up N=100
Follow Up N=100

*Identical design for non-narrative respondents
Behavior (Had Pap Test Or Made An Appointment) At 6 Month Follow-up

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>NARRATIVE</th>
<th>NON-NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican American</td>
<td>38%</td>
<td>34%</td>
</tr>
<tr>
<td>European American</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>African American</td>
<td>36%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Legend:
- Made Appointment
- Had Pap since film
- Not due for a Pap
Theoretical Predictors of Narrative Impact in the U.S.

Among women who saw Tamale Lesson in the United States the extent to which an individual was...

- “transported” or immersed in the story, and
- identified with the positive role model is what predicted impact

Transforming Cancer Knowledge, Attitudes and Behavior Through Narrative (R01CA144052 - Murphy/Baezconde-Garbanati)
PIs: Sheila Murphy & Lourdes Baezconde-Garbanati
Conclusions

➢ The narrative and non-narrative films were successful interventions in both the short-term at posttest and long-term 6-month follow-up.

➢ The narrative was more effective in increasing cervical cancer-related knowledge and attitudes at posttest than the non-narrative.

➢ Racial/ethnic disparities in attitudes toward Pap tests found at the pretest no longer existed at either the posttest or follow-up.
Conclusions

- 6-month follow-up behavioral data revealed that the narrative erased the ethnic disparity in cervical cancer screening rates that existed at baseline.

- At pretest, non-Hispanic White women were far more likely to have been recently screened (46%) than Mexican American participants (32%).

- At the 6-month follow-up, Mexican American participants exposed to the narrative went from having the lowest rate of screening (32%) to the highest (82%).
Future Directions for Tamale Lesson

- Continued statistical analysis
  - Further statistical analysis to identify predictors of vaccine acceptability, vaccine knowledge
  - Combination of quantitative data with qualitative data collected from focus groups
- Implementation of educational toolkits designed based on preliminary results
Awards and Recognitions for Tamale Lesson

- APHA Best Multimedia Materials award from the Public Health Education and Health Promotion Section

- NIH 10 Year Common Fund Award for Best Video

- Australia – Best Reel Nominee

- ICA Best research presentation

- Individual awards and recognitions
Summary of Findings for Tamale Lesson

- Attention to “Transportation”, “Identification” with characters and the emotional appeal of the storyline.

- Narrative or storytelling is a powerful tool in Hispanic communities for the delivery of prevention messages that generate behavioral changes.

- Racial and ethnic disparities that existed at baseline were dramatically reduced after six months of viewing Tamale Lesson.
Culturally Effective Strategies
Case Study 2: Es Tiempo

Lourdes Baezconde-Garbanati
Sheila Murphy, Robert Haile, Vickie Cortessis, Laila Muderspach, Sandra Ball-Rockeach, Mary Ann Pentz, Steve Grubber, Meghan Moran, Mariana Amatullo, Elisa Rufino, Rosa Barahona, Yaneth L. Rodriguez, Rhonda Ragab, Teresa De Anda, Samantha Garcia, Irene Martinez, Julie Lam, Zul Surani, Clinicas Monsenor Oscar Romero, Vision y Compromiso Promotoras de Salud

Designmatters Program Students
Center for Health Equity in the Americas,
Dept. of Preventive Medicine, and Annenberg School for Communication and Journalism
University of Southern California
Es Tiempo
A Cervical Cancer Screening and HPV Vaccination Campaign

- Es Tiempo is an evidence-based, culturally appropriate bilingual educational campaign, in response to low literacy and low numeracy needs in the population.

- Targets mostly Spanish speaking women, but also those more acculturated with low educational attainment

- Basis for the campaign: Cervical cancer can be averted through:
  - Early detection (screening through Pap tests and DNA testing)
  - Vaccination against the Human Papillomavirus, the virus that causes cervical cancer

- We have conducted formative research based on 12 focus groups (Published paper)

- We have pilot tested design elements of the campaign at 2 community clinics
  - Clinicas Monsenor Cesar Oscar Romero (Pico Union and Boyle Heights)
Understanding Cultural Imagery
Understanding cultural spaces
Es Tiempo

- The Designmatters team took the findings and developed Es Tiempo.

- Es Tiempo is a visually stunning campaign designed around the purple bloom of the Jacaranda tree, as an environmental trigger.

- The jacaranda tree is common in East Los Angeles in particular and in Mexico and various parts of Central America and Africa.
ES TIEMPO: exploit the Jacaranda tree’s annual bloom as an environmental cue in nature.
Es Tiempo

We created an Es Tiempo logo
That depicts the jacaranda tree

Main Message

Getting screened
is important,
it’s easy and
it’s time!
Where to go for Screening?
Labeling clinics that offer Pap test and HPV vaccinations for teens
Other Design Elements and Way Finders

**Graphics**
Labeling clinics that offer low-cost Paps

**Wall Murals**
Signaling the location of a nearby clinic

**Painting**
Easy-to-reproduce, environmental graphics
When jacarandas bloom ....
Es Tiempo / It’s Time

Es Tiempo design can be used in multiple locations as a reminder
Pilot Evaluation Design

- Quasi-Experimental design
- Participating clinics in media catchment area
  - Intervention clinic: Clinica Monsenor Oscar Romero-Boyle Heights
  - Control clinic outside the media catchment area (Clinica Monsenor Oscar Romero- Pico Union). Control clinic later received a delayed intervention.
- Assess outcomes at participating clinics

Outcome measure:
Number of cervical cancer screenings at clinics.
Pilot Media Campaign

➢ Outdoor Media Placement

➢ Outdoor Media
  ➢ 20 Total Billboards
  ➢ 25 Total Bus Benches
  ➢ 64 Total Light Post Banners
Pilot Media Campaign

Billboards and posters

Bus benches

Reminder Postcards

Lamp posts signs
Pilot Outdoor Media Campaign

Keck School of Medicine of USC

USC Center for Health Equity in the Americas
Evaluation
Outdoor Media Campaign
Intercept Interview Survey Preliminary Findings

- N=221 Women interviewed
- Women interviewed were Hispanic/Latina
- Average age of Hispanic/Latina women interviewed was 44 years old (range 17-78 years of age)

<table>
<thead>
<tr>
<th></th>
<th>N=221</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainly Speaks Spanish at Home</td>
<td>80%</td>
</tr>
<tr>
<td>Have Health Insurance</td>
<td>74%</td>
</tr>
<tr>
<td>Most Common Form of Health Insurance: MediCal</td>
<td>60%</td>
</tr>
</tbody>
</table>
Knowledge of HPV

Have you heard about the HPV vaccine? N=221

- Yes: 60.2%
- No: 29.4%
- Not sure what it is: 5.4%
- Missing: 5.0%

Of the Women that had heard about HPV vaccine: N=133

- Learned About HPV Vaccine via Television: 44%
- Learned About HPV Vaccine via Doctor: 36%
- Learned About HPV Vaccine via Clinic or Hospital: 19%
Knowledge of Pap Test Screenings

**Do you know what a Pap test detects? N=221**
- Yes, 82.4%
- No, 14.0%
- Missing, 3.6%

**Of the Women who said they know what a Pap Test detects (N=158)**
- 86.8% Answered correctly
- 13.2% Did not know or did not answer correctly
Knowledge of Cervical Cancer

Do you know what causes most cervical cancer? N=221

- Yes: 27.1%
- No: 68.3%
- Missing, 4.5%

Of the Women that said they know what causes cervical cancer (N=60):

- Answered correctly: 85%
- Did not answer correctly: 15%
Es Tiempo to Correct Cancer Disparities

Percent of women who became compliant during the intervention period

<table>
<thead>
<tr>
<th></th>
<th>Boyle Heights Intervention (n=1428)</th>
<th>Pico Union No Intervention (n=745)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant (%)</td>
<td>46%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Chi-square p<.001

Percent of women who received a postcard and got a Pap Test

<table>
<thead>
<tr>
<th></th>
<th>Boyle Heights Postcard + Outdoor Media (n=345)</th>
<th>Pico Union Postcard Only (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received (%)</td>
<td>65%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Chi-square p<.001

USC Center for Health Equity in the Americas
Summary of Findings for Es Tiempo

- Environmental cues can serve as an annual reminder that “It’s Time” to either be screened for cervical cancer or get children vaccinated.

- Cultural and language specific elements can be incorporated into design to reach vulnerable populations.

- Although great progress has been made with the HPV vaccination, less so in cancer screening and early detection among Hispanic women.
Culturally proficient strategies for cancer prevention and control

- Cervical cancer can be averted through early screening
- But need to account for literacy, numeracy and language issues
- Reaching populations with culturally specific messaging that resonate well with the communities
- Increasing HPV vaccination to meet Healthy People 2020 goals can make cervical cancer a “disease of the past”
- Much education is still needed in our communities regarding early detection and HPV vaccination to meet these goals.
Culturally Proficient Strategies

- Communities play a critical role in eliminating health disparities
- Engaging communities in participatory research endeavors generates a win-win situation and ensures cultural congruency
- Understanding culture provides mechanisms to reach various communities in the most appropriate ways
- Social and Cultural assets are essential elements that can help make a difference in the elimination of health disparities in cervical cancer screening and HPV prevention and control
Conclusions

- Preserving the health of Latinos
- Using cultural values when developing interventions for Latinos
- Using the natural environment and environmental triggers may be an important mechanism to increase screening
- Narrative is a useful, but underutilized culturally relevant tool in health communication for Latinos
- Cultural narratives have the advantage of appealing to individuals from cultures with strong histories of storytelling.
- Culturally-based interventions may be particularly well suited for reducing health disparities among Latinos.
Conclusions

- Need to identify cultural elements that resonate best with particular communities, not same El Paso, Chicago, Watsonville, as Miami or Los Angeles
- Understand ways to best preserve elements of culture that provide positive outcomes in particular communities and appeal to broader audiences
- Work with local, municipal, state and federal governments, community health workers, promotores de salud and other elements in culturally based interventions that can make a difference at the community level
- Provide an effective way to intervene in vulnerable populations, in particular Latino immigrant groups at high risk for disease
- These are examples of cultural strategies that can be used not just in cervical cancer but also for other diseases
Questions?

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THANK YOU

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