What Works: Increasing Cervical Cancer Screening Amongst Hispanics, Asian & Pacific Islander Populations Webinar

July 17, 2019 3:00 PM - 4:00 PM EDT
The National Alliance for Hispanic Health is the premier science-based and community-driven organization that focuses on the best health for all. Community-based members provide services to more than 15 million Hispanics throughout the U.S. every year and national organization members provide services to more than 100 million people annually.

Our Vision: Strong healthy communities whose contributions are recognized by a society that fosters the health, well-being, and prosperity of all its members.

Our Mission: Best Health for All
The National Alliance for Hispanic Health’s Nuestras Voces (Our Voices) Network Program is an initiative of the Centers for Disease and Control and Prevention Networking2Save consortium of national networks implementing population-specific and public health-oriented strategies, to impact the prevalence of commercial tobacco use and tobacco related cancers.

The purpose of the Nuestras Voces (Our Voices) Network is to expand multi-sector networks and their capacity to effectively address the threats of commercial tobacco use and reduce the impact of tobacco related cancers on the nation’s health and wellbeing, with a particular focus on reducing disparities in underserved Hispanic communities.
About the *Nuestras Voces* Network Program Regional Lead Agencies

- The *Nuestras Voces* (Our Voices) Network Program is partnering with leading Hispanic community-based organizations (CBOs) that are serving as Regional Lead Agencies (RLAs).

- These agencies are trusted agents of change in their communities and have a broad history of implementing culturally proficient interventions including tobacco and cancer control, and they operate networks that are regional with a reach amplified by their multi-sectoral collaborations.
As a member of the consortium of CDC Networks, Nuestras Voces:

Addresses health equity by connecting Hispanics to culturally proficient tobacco/cancer information

Collaborates with other organizations to address the health needs of Hispanics related to tobacco/cancer

Forges community-based partnerships for capacity building and program implementation at the local level

Development/implementation of tailored interventions that are culturally proficient /language appropriate

Training and technical assistance on tobacco/cancer control EBIs and promising practices to reach and serve Hispanic communities
Cervical cancer incidence and mortality rates by race/ethnicity:

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>7.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>8.7</td>
<td>3.5</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>6.4</td>
<td>1.7</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>7.9</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Age-adjusted incidence rates per 100,000 persons, 2012-2016

Cervical cancer is preventable
What Works: Increasing Cervical Cancer Screening Amongst Hispanics, Asian & Pacific Islander Populations

Presenters:

- Rosa Barahona, Project Manager, Keck School of Medicine, University of Southern California
- Asha Minix, MPH, Program Management & Outreach Coordinator, HOPE Clinic
Nuestras Voces (Our Voices) Network

- Program Director Marcela Gaitán, MPH, MA.

For more information about the Nuestras Voces (Our Voices) Network Program:

- Visit the program’s website at www.nuestrasvoces.org
- Send an email to: nuestrasvoces@healthyamericas.org
Who we are...

• APPEAL is a national nonprofit and we provide key leadership, advocacy, technical assistance and resources on health justice issues for Asian American, Native Hawaiian, and Pacific Islander communities (AANHPI)

• APPEAL is the parent organization of the ASPIRE Network
Asian Americans, Native Hawaiians and Pacific Islanders network to Reach Equity in tobacco and cancer

ASPIRE Network
Technical Assistance and Training

- Leadership and capacity-building
- Program Evaluation and Needs Assessment
- Tobacco and Cancer Educational Materials
- Policy Recommendations
- Research and Data Advocacy
States Cancer Prevention Needs Assessment Survey

- Gather information on the success and challenges of working with AANHPI communities in cancer prevention
- Appropriate technical assistance to states who want to work with APPEAL in engaging AANHPIs in cancer prevention
Thank you!

Camille Mendaros
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Es Tiempo: Cervical Cancer Screening and Interventions among Latinas

ROSA BARAHONA
Department of Preventive Medicine
Keck School of Medicine, University of Southern California

JULY 17, 2019
An evidence-based campaign to increase cervical cancer screening.

A stunningly beautiful campaign that uses nature to convey messages about cancer control on an annual basis.

The campaign development was initiated in 2010 funded by the Norris Comprehensive Cancer Center Auxiliary and preliminary testing for campaign elements came from the California Community Foundation.
THE PROBLEM:

- **Disproportionately high incidence and mortality:** Cervical cancer mortality rates among Hispanic women are significantly higher (3.4 deaths per 100,000) compared to non-Hispanic White women (2.5 deaths per 100,000).

- **Human Papillomavirus (HPV) infection is rampant:**
  80 million or 1 out of every 4 Americans are currently infected. One out of every Two will become infected in their lifetime.
Hispanic women have the highest incidence of invasive cervical cancer.

Figure 12. Invasive Cervical Cancer Incidence by Race/Ethnicity in California, 2014

Note: Rates are per 100,000 and age-adjusted to the 2000 US standard population.

Source: California Cancer Registry, California Department of Public Health.
Hispanic women have the lowest incidence of cervical cancer screening.
A Unique Partnership

- The Art Center, College of Design, Designmatters Program
- Department of Preventive Medicine, Keck School of Medicine of USC
- Annenberg School of Communication and Journalism
- LAC+USC Medical Center
- The Auxiliary & Patient Ed. And Com. Outreach Center, Norris Comprehensive Cancer Center
- California Community Foundation
- Stanford University
Understanding Cultural Imagery
Community-Based Participatory and Culturally Centered Research Model

Establish Academic/Community Partnerships

- Health promotion and disease prevention at the individual, family and community levels
- Reduce burden of disease and correct health disparities
- Program Planning, Implementation, Evaluation

Academic Partner

Community Partner

Build, strengthen, enhance and sustain Partnerships
Develop, test and disseminate culturally grounded interventions to promote health, reduce risk factors and enhance well-being

Community Input

- Shared Knowledge
- Informed Decision Making
- Foster Cultural Communication
- Enhance Community Assets
- Build Community Resiliency
- Promote Culturally Appropriate Health Promotion and Disease Prevention Interventions

Capacity Building

- Promote training, cultural competence
- Overcome cultural and systemic barriers to prevention
- Provide health education
Es Tiempo
A Cervical Cancer Screening and HPV Vaccination Campaign

THE SOLUTION:
- 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

Es Tiempo is an evidence-based, culturally appropriate educational campaign

- Formative research based on 12 focus groups (Published paper)
- Tested design elements at 2 community clinics
  - Clinica Monsenor Cesar Romero
Focus Group Results

**THE PROBLEM:** Women need reminders to come in for screening

**THE SOLUTION:** Create a culturally appropriate reminder system that:

- Exploits the Jacaranda tree’s annual bloom during spring (April – June)
- Creates an association between campaign elements and screening
Es Tiempo An Intervention to promote Cervical Cancer Screening and HPV Vaccination

THE PROBLEM:
- Women need to know where to go for low cost and free Screening and someone to facilitate making appointments for them

THE SOLUTION:
- Provide access to local free and low-cost clinics
- Make appointments for screening if they qualify based on guidelines
Es Importante. Es Fácil. Es Tiempo.
2 participating clinics in Boyle Heights: Clinica Monsenor Romero intervention and a control clinic on Pico Union

Posters and post cards were utilized by the participating clinic

Multi-lingual Office of Women’s Health hotline for referrals to cancer screening appointments was used on the signage

Identified a Promotora de Salud/CHW to conduct community workshops/ community intercept surveys
Outdoor Media Campaign

It’s Important. It’s Easy. It’s Time.

Vaccinate against the Human Papillomavirus!
Get your PAP Test!
Prevent cervical cancer!

Call: 213-989-7700

Es Importante. Es Fácil. Es Tiempo.

¡Vacúnense contra el Virus del Papiloma!
¡Hágase un Examen del PAP!
¡Prevenga el cáncer cervical!

Llame: 213-989-7700
Pilot Outdoor Media Campaign for Health Equity in the Americas
Would include

- Fact sheets and posters
- Power point presentations
- Sample messages for providers
- Post cards that serve as reminders

Where to go for further information

- Materials can have participating clinic info
- Hotline number for referrals to cancer screening appointments
221 Hispanic women were interviewed for the community pilot with an average age of 44
80% spoke mostly Spanish at home
60% had heard about the vaccine
85% of women did not know what causes cervical cancer
Over 30% recalled seeing the campaign
Of these 65% understood the message of the campaign
After seeing the campaign materials, 53.4% said they would be likely to call the 800 number and 28% said extremely likely
41.6% said they would be likely to make an appointment to get a Pap test and 47% said extremely likely
Clinic Intervention

- In the intervention clinic (Marengo Clinica Monsenor Oscar Romero) n=1428 women, 46% became compliant with screening guidelines during the duration of the campaign vs 33% in control clinic (Pico Union Clinica Monsenor Oscar Romero).
- They were exposed to the outdoor imagery and posters at the clinic. There is a 13% significant difference between experimental and control condition.
- In addition N=345 in intervention clinic were sent home a post card with the campaign imagery and messaging.
- Of these 65% who had not been in compliance previously – got a Pap test during the campaign intervention period April - August.
Conclusions

- Need to identify cultural elements that resonate best with particular communities, not the 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, promoters 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.


THANK YOU!

For more information
barahona@usc.edu
Tamale Lesson

https://www.youtube.com/watch?v=s4fm1DaAG0

Tamale Lesson: https://youtu.be/MzOKzCTzMVs
HOPE CLINIC PRESENTS

The Papalooza

Agenda

HOPE CLINIC PAP SMEAR DAYS: PAPALOOZA

Introduction to HOPE Clinic
Why the Papalooza
Statistics
Step-By-Step How-To
Facts and Figures
Contact Details
A BRIEF HOPE CLINIC HISTORY:
WHERE WE STARTED;
WHERE WE ARE;
WHERE WE ARE HEADED.

WHERE WE ARE HEADED.
THE BIG QUESTION
Why the Papalooza?

We identified a need for affordable cervical cancer screenings in our service area. In response, HOPE offered low-cost pap smears to uninsured women who had not been screened in at least 3 years. The screenings included the Pap Test, HPV Test, and a Clinical Breast Exam.
Screening and Risk Factors for United States (Directly Estimated 2016 BRFSS Data)
Pap Test in Past 3 Years, No Hysterectomy
All Races (Includes Hispanic), Female, Ages 21-65

STATISTICS
Death Rates for Texas
Cervix, 2011 - 2015
All Races (includes Hispanic), Female, All Ages

Notes:
- Data presented on this State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
- Death data provided by the National Cervical Cancer Program public-use data file. Death rates calculated by the National Cancer Institute using StateStat. Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 0-1, 1-5, 6-9, ..., 85+ yrs.).
- The Healthy People 2020 goals and standards on cancer were used to calculate best fit rate projections. All first differences should be minimized.
- Population counts for denominator are based on the Census 2010 US Population Data. File as modified by NCIC.
- * Data have been suppressed to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 deaths in the 5 years included.
- ** Data have been suppressed for states with a population below 50,000 per sex combination for American Indian/Alaskan Native or Asian/White.
- Standard errors of estimates regarding the relatively small size of these populations in some states.
- Healthy People 2020 Goal C.4: Reduce the death rate from cancer of the uterine cervix to 2.2.
- Data for the United States does not include data from Pelvic IDA.

HOPE CLINIC
A COMMUNITY HEALTH CENTER
Texas 2-Step Your Way Through The Papalooza

ASSEMBLE THE TEAM
CREATE PROGRAM GUIDLINES
OUTREACH, PROMOTE & REGISTER
REMINDER CALLS & SCHEDULE ADJUSTMENTS
CLINIC & STAFF PARTICIPATION
THE BIG DAY! HOST YOUR PAPALOOZA
Don't Forget!

FOLLOW-UP

Follow up with patients who have abnormal or concerning test results within 2 weeks. Inform patients that if you haven't contacted them in 2 weeks, their results are normal.
Facts & Figures

Over 3 years we executed 13 events and have screened a total of 401 women.
Talk to Us

PLEASE REACH OUT IF YOU HAVE ANY QUESTIONS

SOCIAL MEDIA HANDLES

Facebook: @HOPEClinicHouston IG & Twitter: @hopechc

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aminix@hopechc.org

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