

# MOVING TO Action

## Addressing Cervical Cancer in South Carolina

Friday, June 13, 2008

Radisson Conference Center, Columbia, South Carolina

### Summary

On Friday, June 13, 50 people from across the state of South Carolina with a shared interest in addressing cervical cancer in South Carolina met to identify and prioritize strategies.

Through education and policy change, opportunities to address cervical cancer were identified. Ensuring equal access to cervical cancer screening, promoting and supporting adherence to follow-up care, and issues related to HPV vaccination were identified as opportunities. Strategies included partnering with existing entities doing this work as well as introducing policy change. Education was not only needed for the public, in general, but also for policymakers and even clinicians due to the rapidly changing standards in cervical cancer prevention and control. In order to advance this agenda, gatekeepers on all levels will be needed to champion the cause. In addition, “thinking outside the box” in terms of partners and collaborators is essential. Several participants provided people and groups who should be involved with this effort. Building on recent success stories is also important (such as the state funds for the Best Chance Network).

It was clear that **access to quality health care** emerged as a major challenge. This issue is not specific to cervical cancer. Therefore, as the effort moves forward, it is important to work with other entities that have a similar, shared interest in addressing health disparities. Access to quality health care is a critical issue in South Carolina.

*Following are the handwritten notes from the four breakout groups at the Saturday, June 14 conference. The following notes are unedited. The preceding summary reflects the main points of the small group sessions.*

### Group 1

Follow Up Care

Cancer Plan, Objective #1; page 29

Pap test screening, cancer, educate the policy makers, community and providers, policy to increase funding for follow up care (beginning with abnormal Pap)

Issues

I. HPV – education, policy /leg required

II. Community leaders

- train the trainer

- lay health advocates

*DRAFT (7/12/2008) Discussion Group Summaries  
Friday, June 13, 2008*

- champion – who.
- different levels
- business, policy, grass roots

### III. Follow up care

- lacking knowledge, funds, transportation
- referred
- capacity
- Medicaid family planning waiver
- fee for service Medicaid
- reimbursement to providers – conventional vs. liquid base
- recommendations

### Train the trainer

- capacity, deliver services, share information, education, accurate information, lay health advocate – point navigator, lack of trust, build trust

### Resources

- CHCs, out referrals, private MD, under/un-insured benefits, languages, cultures, lack of HPV education, reducing fear, clinical adv to “aid” understand, misconception /myths of HPV, sexual education, testing group on HPV – (trust) – under/non insured

### Gate Keeper to bridge

- community leaders, champion, skills, community navigator, patient navigator, clinical resource

### Three levels of access

- general, pt. navigator, clinical navigator
- policy makers, fundings – decreased

### Family Planning Med Waiver – follow up after 6 weeks

- 1) Education – peer, lay, advocate, gate keeper
- 2) Language/culture
- 3) Screening follow up, policy
- 4) HPV language, Hispanic population, updates to cancer plan

## **Group 2**

### Address all groups

- community members
  - political will
  - comprehensive
- \*grassroots people/women – empowerment of

### Health education classes

- H/S students

### Providers keeping up coverage changes

### Strategies: Tiers in education women

- peer educators
- all health teams for teens/youth
- use sport/music/actors to bring knowledge back to their community
- family members, church

### Community strategies – children talking to parents

### Provider strategies

- have providers include in their strategic plans a commitment to screening and access to care information (maternal and child health)
- market consensus guidelines – medical assist., hospital assist., HPV guidelines
- increase colposcopy training

- increase supply side in areas where services are not accessible – utilizing physician providers

#### Political Strategies

- make people mad about lack of services
- put a face on it (story maps)
- cost effective analysis reports – economic
- finding/cultivating legislative champions

#### Summary – providers /other organizations

- 1) create commitment to consensus guidelines, including HPV guidelines
- 2) policy – make community people mad, identify and cultivate legislative champions, putting a face on the cancer
- 3) community – use programs that have already worked to influence – family members, engage children, husbands, brothers... all family members

### **Group 3**

- Sororities
- Tanning beds to reach younger women
- Gyms – Columbia Athletics Club, Blatt PE (coordinate)
- Mobilize women’s groups (Jr. League, Sororities, Orgs.) and educate them to get info out
  - Empower them to create HPV initiatives
- Fraternities – Pan Hellenic
- Girl Scouts
- Girls’ State
- City Year

Objective: Reaching H/L

#### Action Steps

- Coordinate with consulate visits
- Rally hair salons, Rest, Tacquerias
- Provide with list of resources
- Place info in women’s bathroom
- Needs a team

#### Populations:

- Hispanic
- African American

#### Social (target) Networking

- grocery stores, Earth Fare (community)

#### Promote Awareness of all aspects of Cervical Cancer

- HPV
- prevention
- screening
- provision of cervical cancer

Objective: Address policy

#### Action Steps

- Jr. League, Frats, Soro – hold power in numbers and resources to move politicians to make changes to policies

Objective: Increase awareness, mobilize, create networks

#### Action Steps

- Get on agendas of sorority/frat meetings by contacting President (incentive – partnerships)
- Educate them
- Spread the word/support effort

- Needs a team

Toast master, links, rotary, and Jr. League

Future: Discuss provisions of healthcare services for those diagnosed with cervical cancer

Objective:

Action Steps

- contact local gyms
- disseminate info about cervical cancer
- coordinate with instructors to give info before and after class
- bring shot to gym??
- needs a team

#### **Group 4**

Prevention – for all health disparities

- messages about how to prevent
- resources for those with disease
- task force to make this happen
- coordination of efforts
- larger conference to unify groups
- \$ figure to HPV and show cost savings
- export leadership as a starting point

1. Solution – improving access to healthcare in rural and poor communities

SKIDS (South Carolina database of information) – budget and control board

- map every HC \$
- look at where HC is not
- statewide assessment around – lack of access, disparities
- federal partnership
- build coalitions
- unified voice for more access points
- more in state budget in partnership with Fed
- prevention saving \$
- trust in the caregivers/providers
- create more access points

#### **Group 5**

1) HPV policy and resources

- vaccine schedule for girls → school
- money for cost (\$360) for girls and young women → 26 years
- public education/awareness campaign

2) Screening and treatment money and policy

- down from 40 to 21 (BCN)
- recurring money in state budget
- cover uninsured (up to 200) and underinsured women for screening and treatment
- funding for Medicaid treatment
- state health plan

3) Culturally appropriate communication /outreach education and patient navigation

- at least one provider in each county for laboratory services, over 200 across state
- Transportation--

- increase recurring funding for BCN to pay for screening and treatment for women 21-39 under 2009 FPL

Treatment should be offered in conjunction with screening

Community resources available

S – media campaign needed

- coordinated network of providers
- funding need for follow up (recurring money)
- cost/benefit

P – follow up = beginning treatment

P – 11,000 women p/yr in SC who needed follow up (family plan pap)

P > most vulnerable (multiple sexual partners) often are least likely to get

- some individual providers offer free follow up care (Palmetto Health)
- option 3 Medicaid – cost went from \$1 to 15 million

S – Medicaid needs more money

P – uninsured, underinsured

- state health plan, annual screening not covered
- > 21 is best (recommended) age for universal screening
- > 40 is currently covered for screening, down 200% FPL
- \* follow up money

## **Group 6**

System Problems

\* DHEC FP (Abn – Pap Fu)

\* unscreened women

\*HC providers

- communication and time problems (no prevention)

1) Messenger – defined by each community

- focus on prevention
- awareness of SC stats – billboards, buses
- media campaign to raise awareness
- newspaper – op eds /letters to editor

2) State mandate

- would enhance coverage of vaccine – access
- funding
- legislative campaign

3) Abnormal Pap F

- provider /pt education
- “take your friend to the doctor” day
- resources

- new guidelines (providers)

\* Identify appropriate (best) messenger to specific communities

- nurses, teachers, clergy, health workers, faith-based outreach, lay health workers, parents

\*arguments: STD vs. cancer prevention = focus

- hair salons, community health fairs (screening and testing), work sites (employers must facilitate), media, TV, radio, youtube
- fear of bad news
- lack education, resources
- services not readily available
- no time for prevention

- knowledge deficit vaccine (how promoted) STD vs. cancer prevention
- access to vaccine inconsistent

#### Solutions

- 1) walk-ins to get care
- 2) work with comm. Health care groups to vaccinate underinsured
- 3) state mandate /increase funding (mandates increase coverage)
- 4) letter writing campaigns (parents → legislators)
- 5) advocacy to prepare, educate parent groups
- 6) school based campaigns (grades 6-12), school nurses, follow up volunteers

#### **Group 7**

- include Hispanics in the comprehensive cancer plan
- collect data on the Hispanic population – specifically ethnicity incidence data, death rates, and rates of disease among Hispanics
- How do we reach the Hispanic population for screening purposes?
- reach our documented Hispanics
- advocate for funding that will allow the cancer registry to capture data on Hispanics
- tease out data that is currently collected
- how do we reach under screened or rarely screened women?
- advocate for funding to provide follow up care for patients diagnosed with cervical cancer
- identify trusted representatives from the Hispanic population to reach their communities
- advocate for state funding to support the prevention and screening work conducted in Hispanic communities
- acute need for educating the public about the HPV vaccine
- one million for health communications campaign
- educational messages must be culturally appropriate
- equal access must be provided to the vaccine
- advocate for funding (\$300,000) that will allow the cancer registry to conduct special studies to document the extent of cervical cancer in the Hispanic community
- advocate for funding (\$2 million) to provide follow up care for women (ages 21-40+) who have abnormal pap smears
- include patient navigation component, modeled after BEST CHANCE NETWORK

#### **Who else should be involved in this process** (*From the evaluation forms*)

- Other key legislators, school representatives / officials, school nurses
- SCMA, Hospital Association, Faith based groups, Consumers, Private Business community (large companies, etc.), Media / Celebrity spokesperson (need a champion)
- How about some private providers of care (MDs, APRNs), Faith Based, Other community groups (Rotary, Lions Club, etc.)
- Hospital Association, Palmetto Medical and Dental Association, policymakers
- Medical Association Representatives, Media representatives
- Medical or Hospital Association, more community leaders, SC Black Caucus Health Chair, Insurance association, grassroots organization leaders, gate keepers, more policymakers
- As mentioned, health insurance groups
- Direct health care providers, clinical administrators, media specialists; Insurers, CMS, Medicare, Medicaid; SC State Benefits Officers; Office of Research and Statistics

- More legislators; School representatives(for health-related cancers); state Nurses Association; State Medical Association; AWHONN (nursing group of maternity/gyn nurses); Nursing oncology group; More Hispanic health groups; college health; community groups; gyns; family medicines; “Chicks with Checks” (group in Charleston)
- More providers (esp. those working with Medicaid populations) would be helpful.
- BC/BS representatives and other health insurance companies; Medicare / Medicaid; Business sector; “Bridge” organizations that channel people to appropriate health care; patient navigators
- Insurance companies
- Community health care providers with an interest in changing community norms; Beauty salon and barber association groups; faith-based organizations; Hispanic associations (community-based)
- More legislators
- More policy makers; insurance reps; more health care providers (SCMA)
- State Palmetto Medical Dental & Pharmaceutical associations; Women’s Group – League of Women Voters, sororities; health insurance companies; community action agency
- SCMA; Palmetto Medical & Dental Association; SCHA
- More policy makers; legislators; though planners made a valiant attempt to invite them
- More legislators – funding and importance of prevention
- SCMA; Nurses association; Hospital Association; Medicare; Medicaid; Community Action Agency
- Business sector; Hospital system leadership
- Increased legislative representative; increased clinicians / physicians; The State paper individual who covers healthcare.
- More state policy leaders, senators & representatives